

Disease and Destitution:

Malaria and the Liberation of New Guinea and the Philippine Islands

Research Thesis

Presented in partial fulfillment of the requirements for graduation
with research distinction in History in the undergraduate colleges of The Ohio State University

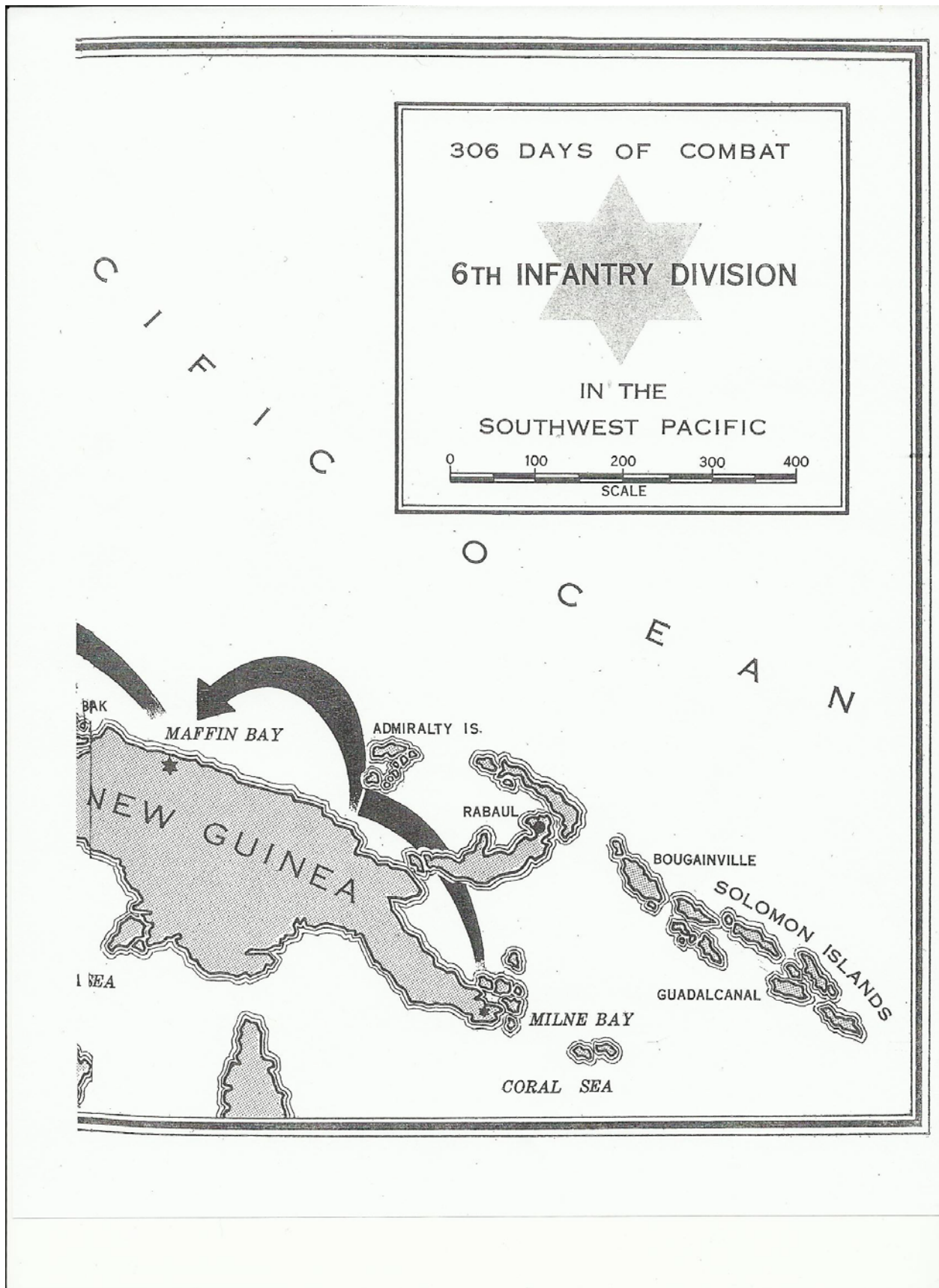
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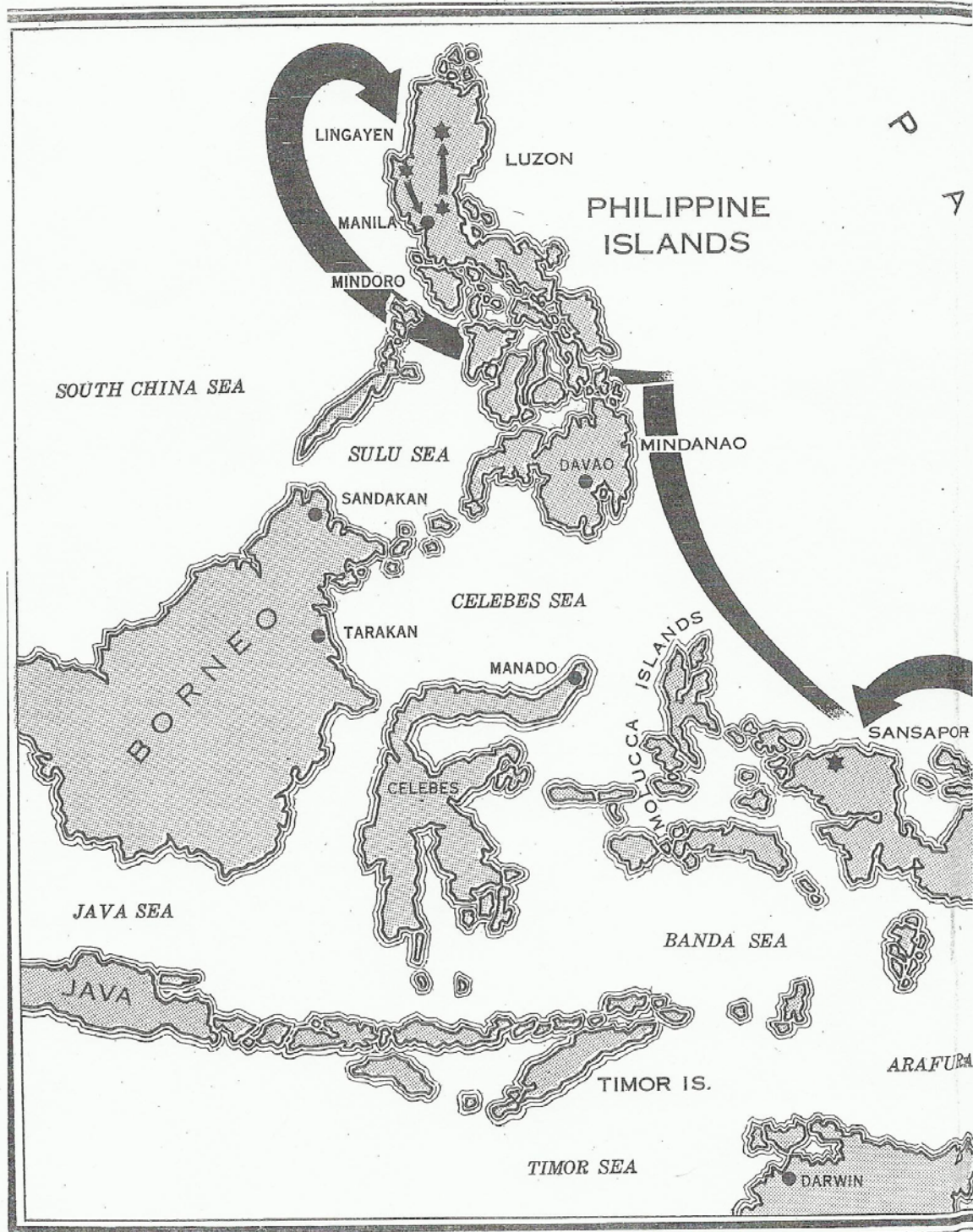


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*No one survives in war without luck...*¹



The light was beginning to fade as Arthur Dixon and his foxhole buddy made their final sweep of the area around the airstrip at Sansapor, New Guinea. Things had been quiet for some time, but there were still a few pockets of resistance and so they were to finish their last patrol and return to base. Having seen only a limited amount of combat, Dixon was still chattering on about his new wife and as his comrade started to chide him, he fell silent as- *CRACK*- a shot rang out and Dixon, now covered in blood and brain matter, scrambled for cover. With his back up against a tree, he tried again to regain his composure as two more bullets whistled past. Looking to his left he saw his friend, covered in blood and the back left side of his head missing. The shot must have come from the northeast. Turning around the left side of the mangrove tree just far enough to see, he scanned the dense jungle and saw nothing. Making his best guess, he turned and crawled on his stomach, moving through the soft mud in the direction of the sniper, brushing aside long leaves as he went. After moving roughly two hundred yards he picked up a rock and threw it off to the right. As shots rang out in the direction of the rock, he was unpleasantly

¹ Elizabeth M. Norman, *We Band of Angels: The Untold Stories of American Nurses Trapped on Bataan by the Japanese* (New York, NY: Random House Books. 1999), 112. Image accessed on 3/14/2013 at humfer.net

surprised to find that the sniper was only ten feet away behind a nearby tree, not a few hundred feet as he had expected. Dixon took aim and fired. The shot hit the tree right behind the Japanese soldier. He shuddered, but ran forward to the next tree as Dixon fired again, missing. By now the last of the sunset had faded and it was growing increasingly dark, so dark that as the Japanese soldier reached a palm tree on the right, Dixon, unable to see the sniper, fired to the left and missed. Before Dixon could move back behind the tree, a bullet narrowly missed him and sent bark flying.

This back and forth went on for hours, a shot and then silence. The silence was maddening, but it was impossible for either to retreat and seek reinforcements with the other ready to fire at the slightest movement. Finally, as it was nearing first light Dixon ran out of ammunition. The Japanese soldier had not fired for over an hour, when Dixon heard a shout and pointed his bayonet in the direction of the shout, the man, unable to see, ran directly into Dixon's path and he thrust his bayonet into his chest. The man continued to struggle so Dixon stabbed him, once, twice, three more times, until he stopped moving. After the man took his last breath, PFC (Private First Class) Arthur Dixon, followed his training and searched through his pockets for maps. What he found was a black and white photo of the man's family- his wife and daughter. Dixon awoke screaming, covered in yellowish sweat. It was 1946 and he was in the throes of another bout with malaria, once again, as his fever peaked he found himself fighting through the same dream.²

² All above comes from a compilation of Oral Interviews with Dixon's family centering on the story as told by Matthew Bentley, Roy Bentley, Ronald Dixon, and Gloria Stephen. Please note, no location was ever actually given in any of Dixon's recitations; however he did receive his Combat Infantry Badge while in this area, so it is highly possible the fight took place in this region. See CIB Award Letter. Accessed on 3/14/2013 at www.theatlantic.com



Background: Malaria in New Guinea

One of the most serious problems faced in the Pacific Theater of World War II was disease, most predominantly malaria. By following the experiences of one soldier, PFC Arthur F. Dixon of the U.S. Army's 6th Infantry Division, and his unit, the extent of the challenges associated with high rates of malaria can be demonstrated. The personal narratives of military personnel like Dixon, who suffered from malaria in this region, illustrates the unique experience of those afflicted and how the psychological and physical trauma wrought by the disease was exacerbated by prolonged combat- something that set them apart from personnel elsewhere in the Pacific. By 1941 the Germans had overrun much of Europe, and the Japanese were expanding in

Asia. Japan had been making a concerted effort to conquer mainland China since 1937, and in December 1941 attacked to secure Southeast Asia for the resources there, including oil, from the British and the Dutch. The Netherlands had been conquered by the Germans, and the British were on the defensive. To secure the supply shipping lines back to Japan past the Philippines, the Japanese decided to destroy the American forces there, which meant war with the USA. Thus the Japanese attacked and crippled the American fleet at Pearl Harbor, on 7 December 1941, allowing them to defeat General Douglas MacArthur's American and Filipino forces in the Philippines by May 1942.

The Japanese then overran British Malaya and Burma, and the Dutch East Indies (Indonesia), and landed forces on New Guinea and in the Solomon Islands, threatening Australia. But American naval forces stopped their expansion at the Battles of the Coral Sea and of Midway, and on 7 August 1942 American Marines landed at Guadalcanal in the Solomons. On Papua, the southeastern part of New Guinea, the Australians, joined by two American infantry divisions, the 32d and later the 41st, drove the Japanese back from Port Moresby in 1942 over the Owen Stanley Mountains. These Allied forces were now controlled by General MacArthur's SWPA (Southwest Pacific Area) headquarters at Brisbane, Australia. The Japanese were part of the 18th Army under Lieutenant General Hatazo Adachi.³

When the U.S. was first engaged in conflict in the Pacific in 1941, malaria rates were unusually low, likely due to a poor breeding season for the anopheles mosquito. However, as the Japanese took hold of major *Cinchona* plantations throughout the region, America would soon be cut off from its supply of the bark used to make quinine (an alkaloid that kills malarial parasites in some stages of their lifecycle and reduces fever.) During the first American operations on New

³ Image accessed on 3/14/2013 at www.theatlantic.com; Ronald H. Spector, *Eagle Against the Sun* (NY: Vintage/Random House, 1985), 214-217.

Guinea in 1942, men from the 32nd Infantry Division arrived in September with the 41st joining them in December, both having been deployed via Australia. These soldiers suffered tremendous morbidity rates and soon disease began to weaken units, leaving more men unable to fight. Woefully undermanned from the start, this massive decrease in manpower was coupled with a severe food and supply shortage so that when troops were withdrawn to Australia in 1943, many soldiers, starving and distraught, had abandoned their positions long before they received official orders. It was this wave of malaria, reducing the combat effectiveness of some units to below twenty percent that led multiple universities and other research institutions to begin their own search for a cure.⁴

It was here in New Guinea, and later on Luzon, that the men of the 6th Infantry Division faced a myriad of diseases while participating in 306 days of combat, including 219 days straight on Luzon, the record for fighting in the Pacific Theater. This fighting, coupled with the impenetrable terrain, tropical climate, and widespread disease, all came together to lower troop morale during combat and, for some, created an exceptionally difficult transition after the war. This decline in troop morale was a magnified version of what happened to those servicemen in the first operations on New Guinea, as was the still profound effect of malaria on the troops of the 6th Infantry Division.

In 1942 more than 28,000 American and Australian troops were admitted to field hospitals for malaria in the region of Buna, Papua New Guinea, as compared to only 7,700

⁴ Bernard Marcus, *Deadly Diseases and Epidemics: Malaria* (Philadelphia, PA: Chelsea House Publishers. 2004), 48-51; Harry A. Gailey, *MacArthur's Victory: The War in New Guinea, 1943-1944* (New York: Presidio Press, 2004), 5; Michael and Gladys Green, *World War II Chronicles: Victory in the Pacific*. (New York: Michael Friedman Publishing Group Inc.), 2000. 26-31; Shelby Stanton, *World War II Order of Battle* (Novato, CA: Presidio Press, 1984) 113, 127.

admitted for battle wounds. During this period, most divisions on the island had only a twenty percent effective rating. Dr. Peter Mansoor says, “Combat effectiveness encompasses many variables, not all of them under the control of the commander, but each vital to the ability of military organizations to accomplish their missions in an efficient and cost-effective manner. One can break these factors into roughly three groups: human, organizational, and technical. One factor that defies categorization is endurance, the ability of a military force to sustain its effort over time.”⁵

Military effectiveness is the quality most affected when a unit succumbs to malaria, particularly its ability to endure. It was the ability of the 6th infantry to endure under the combined strain of malarial fevers and 219 days of consistent combat that distinguished their experience from that of others in this theater of war. Combat under such conditions completely destroyed the US 32nd and the Australian 7th and nearly did the same to the US 41st and Australian 5th Infantry Divisions. It took a full month before the Americans could reconstitute a force strong enough to rejoin the fight. The tenuous supply lines at this time prevented the movements of rations, munitions, and anti-malarial drugs that were already in short-supply with *Chinchona* plantations in the East Indies controlled by the Japanese.⁶ In addition, there were only twenty-four American doctors who entered WWII with some training in tropical medicine and because there was no standard for the treatment of malaria on the epidemic levels faced here,

⁵ Peter R. Mansoor. *The GI Offensive in Europe: The Triumph of American Infantry Division, 1941-1945* (Lawrence, Kansas: University Press of Kansas, 1999), 5.

⁶ Mark Honigsbaum, *The Fever Trail: In Search of the Cure for Malaria* (New York, NY: Macmillan. 2001), 218-224, 209; Marcus, 49.

many soldiers would die while these military physicians were ordered to issue experimental dosages and treatment regimens.⁷

Under the compounded stress of malnutrition, dehydration, and general fatigue from long days and nights of incessant fighting, the immune systems of soldiers were already depressed. The massive waves of malaria that plagued this region created additional problems as high-ranking, ill-informed officials came to assume that a unit was cracking under the pressure of the situation, when in reality it was suffering from an outbreak of malaria. With the tide of the conflict favoring the Japanese, the outcome of the battle was already uncertain and now, because of misinformation, officers were casting further doubt onto their subordinates. In such a fragile state, the morale of the troops sank to an all-time low.⁸ Quinine, the drug that had been relied upon for over seven decades before WWII to treat malaria, was not only toxic when taken at consistent, high levels, but also caused side effects such as blurred vision, nausea, and ringing of the ears. More problematic was quinine's short-term effect on long-term infections. Difficulties in receiving supplies of cinchona bark, from which quinine is made, had created such a serious shortage early in the war that the Allies finally began to heed calls for a new remedy.

Fortunately for those involved in the second American landing on New Guinea, the shortage of quinine in 1942 that resulted in an eighty percent malarial infection rate among Marines in Papua New Guinea and Guadalcanal had caused the U.S. Army-Navy Medical Research Center to seek an alternative. However, for those who came before them, during the period that forced MacArthur and other officials to recognize the profound impact of malaria,

⁷ Fiammetta Rocco, *The Miraculous Fever Tree* (New York: HarperCollins Publishers Inc. 2003), 289.

⁸ Eric Bergerud, *Touched With Fire: The Land War in the South Pacific* (New York: Penguin Books, 1996), 96.

this alternative came at a high cost. To combat such a persistent infection, the men of the 6th needed a suppressant medication, or prophylactic, and they too turned to the recently regimened drug, Atabrine.

Researchers soon turned to a drug known as Atabrine, which had been developed in Germany in 1932. This was an improvement over quinine as it stayed in the blood for over a week after the dosage was administered. Atabrine did not prevent *Falciparum* malaria, but it did keep the parasite in a non-reproductive state and thus prevent outbreaks while in an endemic combat zone. Even more beneficial was the discovery that if the soldiers continued to take their medication after they had left the region, the soldiers would not be contagious while the parasites were kept in this non-sexual state. Long term use also promised eventual eradication of the infection from the blood. Still, Atabrine, much like quinine and other anti-malarial drugs, was toxic when maintained at doses necessary for prophylaxis.⁹

Due to the threat of toxicity, and the experimental dosage procedures used by medics on the front lines as they attempted to refine the use of Atabrine, soldiers were extremely hesitant to follow the prescribed regimens. There were also an assortment of side-effects, including diarrhea, vomiting, and a yellow tint to the skin. All of these produced reluctance, especially since any person out of their foxhole at night was in danger of being shot by a nervous comrade. But it was when a rumor began to circulate that this drug caused impotence, that many of the infantry men on New Guinea simply threw away their pills. This may seem surprising, but these men had so little control over their environment and were in such a state of desperate exhaustion,

⁹ Melissa Abramovitz, *Diseases and Disorders: Malaria* (Framington Hills, MI: Lucent Books. 2006), 21-22; Honigsbaum, 218-224, 217.

brought on by prolonged close-combat, that they chose to exercise control over the one thing they could: their bodies.¹⁰

In 1942, *The Washington Post* reported that U.S. officials were preparing to seize two Nazi patents for anti-malarial drugs. Contrary to this largely false article by Logan Clendening, M.D., the American supply of Cinchona Bark, from which quinine is made, was running low enough to cause MacArthur to lament that at any given time one third of a unit was infected with malaria and one third recovering, leaving only one third able to continue fighting. According to experts, both Atabrine and Plasmochine offered a more effective way of combatting the fever associated with the disease. Also, as both drugs are derived from benzene they are more readily produced and there was less likely to be a shortage even when demand of quinine reached 3,500,000 ounces in 1941. This was conveyed clearly and succinctly by Associated Press staff writer Jack B. Beardwood, who told why Americans were facing a shortage and that without preventative medicines the United States soon faced more losses from fever than battle wounds. There was an eighty percent infection rate among troops and personnel when General MacArthur surrendered Corregidor and the Bataan Peninsula. Unless a more reliable solution were found immediately, such failures were likely to continue.¹¹

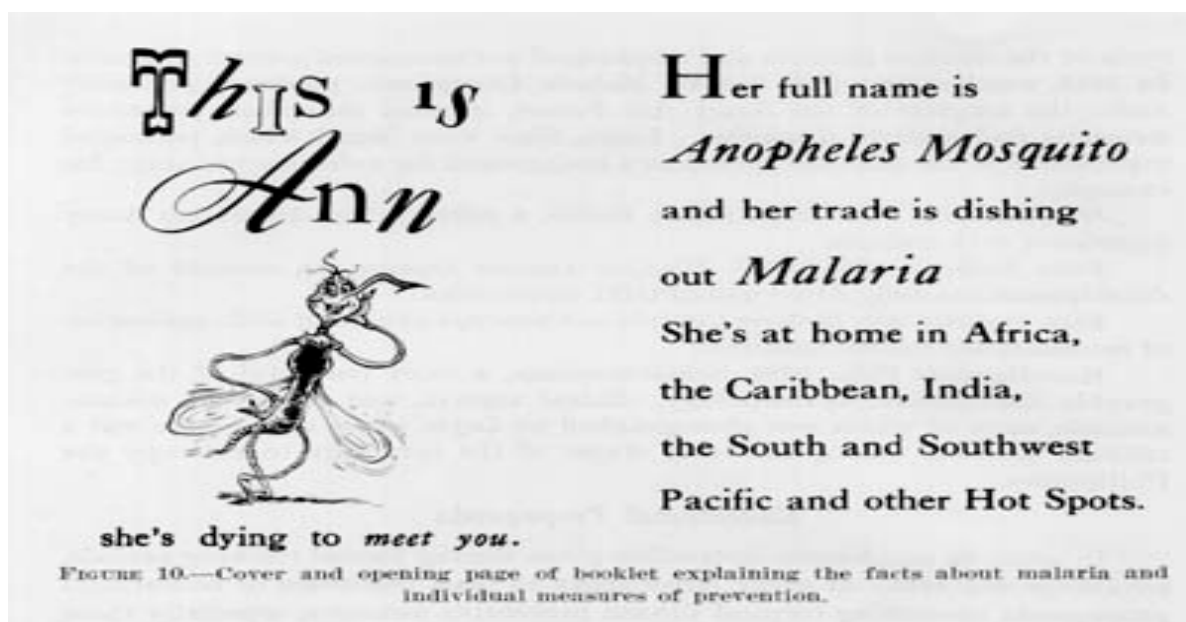
By November of 1943, these experiments paid off as a recommended Atabrine dosage was finally calculated. Studies conducted during this period showed that a strong dosage

¹⁰ Rocco, 289.

¹¹ Bernard Marcus, 9-11; Frank A. Reister, *Medical Statistics in World War II* (Washington D.C.: Office of the Surgeon General Department of the Army. 1975) 812, 1032, 38, 178, 830; Jack B. Beardwood, Associated Press Staff Writer. "U.S. Will Seize Nazi Patents to Beat Malaria." *The Washington Post*, May 3, 1942; Logan Clendening, M.D., "World Quinine Supply Ample to Fight Malaria", *The Washington Post*, May 7, 1943;

administered during the first phase of malaria symptoms stopped the flare-up; and if followed by a lower dosage three times per day after meals, Atabrine could eradicate the disease. When spring rolled around the soldiers were made aware of the new recommendation that Atabrine be taken for six months to a year in order to be completely free of the parasites. This recommendation was regularly ignored, and these partial regimens began creating resistant strains of malaria and left an infestation that would flare up long after the soldiers went home. For the 6th Infantry Division, this period of marked failure was thankfully followed by a series of major medical break-throughs, and with gradually improved discipline regarding malaria prevention, outbreaks would never again reach epidemic proportions. The struggle of the soldiers who came into New Guinea prior to the 1943 campaign set the stage for a massive reduction in malarial cases later in the war, and this breakthrough allowed the overall morale of the troops later committed to be maintained at a passable level, despite continuing outbreaks of the disease.¹²

¹² Mary Ellen Condon-Rall, *Malaria in the Southwest Pacific in WWII, 1940-1944*, 51-70 as found in Roy M. Macleod ed. *Science and the Pacific War* (Great Britain: Kluwer Academic Publishers, 2000), 62- 64; Russell E. McLogan. *Boy Soldier: Coming of Age during WWII* (Reading, MI: Terrus Press. 1998), 255.



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Getting to Know Malaria and Our Dear Friend Ann

Malaria, specifically the fever and other symptoms of the disease, were mentioned in the *Susutra*, a Sanskrit medical treatise, and in the writings of Hippocrates. The etiology of the disease was unclear until the later part of the nineteenth century. Once scientists were able to better understand the origin of the disease, attempts began to rid the world of it. Early on, those organizing prevention fractured into two camps: those who favored vector control, or the control of the genus *anopheles* mosquito, and those who preferred to kill the parasites in the human host using anti-malarial prophylactics. These two concepts should not have been exclusive of one another as they were both necessary in clearing regions of the disease; nonetheless, the debate persisted. Malaria occurs en masse when humans are exposed to disease-carrying mosquitos, often during times of war or in cases of extreme poverty. While the tactics mentioned above are the most direct means of eliminating the disease, alleviating poverty and improving social

¹³ Lieutenant General Leonard D. Heaton, *Preventative Medicine in World War II. Vol. VI. Communicable Diseases: Malaria* (Washington D.C.: Office of the Surgeon General Department of the Army, 1963) 565-566.

conditions has proven to be the most effective method of providing long-term eradication of malaria in any given region.¹⁴

Malaria is an infection caused by *plasmodia*, an endoparasite that only survives in human hosts. There are four strains of malaria containing this endoparasite: *plasmodium malariae*, *plasmodium vivax*, *plasmodium ovale*, and *plasmodium falciparum*, though only *vivax* and *falciparum* types were problematic in the Southwest Pacific. This and all other forms of human malaria were transmitted by the genus *anopheles* mosquito, well known in the United States during World War II as *Ann*. A patient would become infected with malaria, after being bitten by a female mosquito carrying *plasmodium* parasites, which the mosquito ingested, having fed on a human infected with malaria. The short lifecycle of these mosquitos, combined with the length of time it takes for *plasmodia* to complete a reproductive cycle, makes malaria a tenuous disease unless large human populations are present to host it. The larger the human population is, the more likely that more mosquitos would become infected with malaria parasites when they feed, increasing the likelihood they can live long enough to pass it on to another human being.

In the case of *plasmodium vivax*, these parasites enter the blood, move directly to the liver, and begin to asexually reproduce, creating a resting form known as *hypnozoites*. *Hypnozoites* can remain dormant between three and five years, making reoccurrence possible in the case of *plasmodium vivax* and *plasmodium ovale*. *Hypnozoites* divide further to produce *merozoites*. After repeating this process during the first days following infection, the *merozoites*

¹⁴ Marcus, 17-19, 20-24; CDC. *The History of Malaria, an Ancient Disease*. November 9, 2012. <http://www.cdc.gov/malaria/about/history/> (accessed April 10th, 2013), 1; 112-113.

invade red blood cells where they feed on hemoglobin. These blood form *merozoites* enter the red blood cells through receptors unique to the strain—in the case of *plasmodium vivax* the receptors are known as the Duffy antigen. These parasites then continue to mature and reproduce in a coordinated fashion until there is a large enough quantity of mature parasites to burst the blood cell in which they were previously contained. This bursting of blood vessels causes chills, which is the first symptom of malaria. In an attempt to remove the waste products released into the blood stream, the body stimulates a high fever accompanied by side effects such as vomiting, headache, joint pain, and body aches. This cleansing of the blood produces another tell-tale sign, a darkening of the urine, commonly referred to as “blackwater urine.” Once these parasites are released from the blood cells, they reach full maturation and reproduction ceases while they move on to invade other cells, most commonly returning to the liver. Complications regarding *plasmodium vivax* malaria includes anemia, as well as enlargement and at times rupturing of the spleen. *Vivax* leaves its victims in such a debilitated state that, though it is not often directly linked to death, causes secondary infections that may be lethal.

With *falciparum* malaria, cases then progressed in the same fashion as above; however, *falciparum* moves through its reproductive cycle more rapidly, and unlike other strains of the disease that generally occupy only two percent of a victim’s blood cells, *falciparum* invades up to sixty to eighty percent. These more severe cases included symptoms such as brain infection, nervous system dysfunction, progressive lethargy, seizures, and coma. Other severe complications include fluid in the lungs, anemia due to the decrease in viable blood cells, and damage to the liver and kidneys by waste products that become lodged as a result of so many

blood cells bursting and the release of contaminated material. With all of these dangerous complications, a quarter of these cases proved deadly in the Southwest Pacific during WWII.¹⁵

If the men did recover from *falciparum* malaria they tended to remain symptom free, while those with non*falciparum* types had a higher risk of reoccurrence. For those soldiers who did not die, once infected, the malaria parasites would remain in the blood stream sometimes causing flare-ups for months or years after the initial infection. As we will see with the case of PFC Dixon and others, these recurrent struggles made the initial transition to life after the war incredibly difficult and prolonged fevers made the instability they faced all the more pronounced. Coupled with these fevers were recurrent nightmares- U.S. Marine Corps Captain Dale Dye attested to when discussing his struggle with *falciparum* malaria, which he contracted during his service in Vietnam.¹⁶

During the late 1880s physicians were still unaware of the cause of malaria, but nonetheless offered their best explanations for the ailment. In 1881, Dr. J.B. Johnson informed readers of the *Washington Post* of the origins of malaria- from the root words *mal*, meaning bad, and *aria*, meaning air. He gave the linguistic origin of these terms as Italian, although correct in current usage, the words are, like the word *malaria*, originally derived from Latin. As for what causes malaria, however, Johnson and other physicians of his time were clueless. He was simply

¹⁵ Mary Ellen Condon-Rall, *Malaria in the Southwest Pacific in WWII, 1940-1944*, 51-70 as found in Roy M. Macleod ed. *Science and the Pacific War* (Great Britain: Kluwer Academic Publishers, 2000), 61; Marcus, 22; Melissa Abramovitz, *Diseases and Disorders: Malaria* (Framington Hills, MI: Lucent Books. 2006), 21; Marcus, 17, 22-25; Randall M. Packard. *The making of a Tropical Disease: A Short History of Malaria* (Baltimore, MD: The Johns Hopkins University Press, 2007), 22-24; 30.

¹⁶ Marcus, 17-19, 20-24; Kathryn Dixon. *This Is Your Life Arthur Franklin Dixon*. March, 1978, 1; USMC Captain Dale Dye oral interview conducted March, 2012 on Guam prior to the return of the Ohio State University student-veteran trip to Iwo Jima for the 67th anniversary of the Battle.

reiterating what had been believed since the time of Rome that, “Malaria is the result of chemical action between heat, water, and decayed or decaying vegetable matter; and in order to produce it most abundantly, the heat, water and vegetable matter must be at *rest*. The process by which it is evolved is known as fermentation.” This common belief stemmed from the fact that malaria was often contracted around areas of stagnant, warm water, and thus they were correct in assuming that such conditions were part of the problem. While they missed the mark on its origin and nature, the physicians of this period did recognize a difference in the types of fever associated with the illness and thus laid the groundwork for the later discovery that there are different types, or strains, of malaria.¹⁷

Charles Louis Alphonse Laveran became a professor of epidemiology at the School of Military Medicine of Val-de-Grâce in Paris at the age of 29. A military doctor in France's Service de Santé des Armées (Health Service of the Armed Forces), he was stationed at the military hospital in Constantine, Algeria when he discovered the malaria parasite in 1880. Malaria had been a major problem for the French army in Algeria and after Louis Pasteur's discovery of germ-theory, Laveran, like many physicians of his time, began his attempt to prove that malaria had a bacterial origin. He did so by using a clinical approach and studying the experiences of the patients that he treated while they were alive, as well as through anatomic pathology, or the study of their tissues and organs after the patient died. Dr. Laveran studied lesions on the organs of the deceased at a microscopic level. Early in the morning on 6 November, he found that there were dark spots in the red blood cells of all patients who

¹⁷ Johnson, M.D, J.B., “*Malaria.: The Conditions Under Which This Popular Disorder is Created*”. *The Washington Post*, Dec 4, 1881.

exhibited malarial symptoms. Laveran shared his findings with the Academie of Medicine, but it was not until he published this information in 1884 that it became widely disseminated.¹⁸

In 1890, Raimondo Filetti and Giovanni Batista Grassi classified *plasmodium vivax* and *plasmodium malariae* as distinct strains of malaria. In 1897, William H. Welch named the malignant tertian form of malaria *plasmodium falciparum*. That same year Ronald Ross, a British officer in the Indian Medical Service, made the remarkable discovery that mosquitos were capable of transmitting malaria. While dissecting the stomach of an *anopheles* mosquito that had fed on a malaria patient four days prior, Ross discovered malarial parasites. This finding also indicated that the parasite underwent stages the first stages of asexual reproduction, part of what is known as the sporogonic cycle, within the stomach of the mosquito. Ross continued his research in subsequent years, later proving that mosquitos could transmit parasites from one bird to another. In 1899, Giovanni Batista Grassi and a team of Italian investigators, which included Giuseppe Bastianelli and Amico Bignami demonstrated the full sporogonic cycle of *Plasmodium falciparum*, *plasmodium vivax*, and *plasmodium malariae*. It was not until much later, in 1922 John William Watson Stephens classified the fourth stain afflicting human beings, *plasmodium ovale*. With each strain indentified and the main vector for the disease discovered, the public gradually began to understand the difference between the strains and the dangers posed by malaria.¹⁹

In a *Washington Post* article published in 1881, *Is Malaria a Myth?*, the author questions whether the prevalence of malaria in Washington D.C. that year was overestimated. Interestingly enough, the many prohibitions suggested were spot on and he warned residents that the surest way to catch malaria was to sit outside at dusk. While the author attributes malaria to *miasma*, he

¹⁸ CDC, 2-5.

¹⁹ CDC, 9-12.

was still correct that stagnant portions of rivers are breeding grounds for the disease and such times of day were when malaria was most likely to be contracted. Also, he mentions that a person would become sick within eight to ten days. Clearly, the public was aware that the disease did not cause symptoms immediately, but required a gestation period. Despite the author's ability to understand portions of malaria's etiology, his overall argument was not terribly persuasive, and by discussing the threat of disease as if it were itself a blemish on the reputation of the District of Columbia, he slowed progress toward an enlightened public awareness of this infectious disease.²⁰

Another author, writing in response to "Is Malaria a Myth", felt that the first author could be excused for his gross underestimation of the danger that malaria posed to residents near the Potomac River, because he was attempting to preserve a sense of pride in the healthiness of Washington D.C. The author of "Meditation on Malaria", however, seems to find fault with the lack of statistical justification provided in the article "Is Malaria a Myth?." The author of "Meditation on Malaria" mentions the phrase "malarial diseases," which during the late nineteenth century included other diseases of mysterious origin such as typhus. This was a problem because physicians would frequently diagnose malarial infections as other diseases with similar symptoms either out of ignorance or due to fear of inducing panic. The author of "Meditation on Malaria" also states that to argue that there was little to no threat of malaria in Washington, especially in response to a poor mosquito breeding season, was foolish and counter to efforts to stop the spread of this disease. Instead he suggested that as a means of allaying the million plus dollars lost by the city of Washington D.C. to malaria every year, some money

²⁰ "Is Malaria a Myth? Its Prevalence Stated By Physicians to Be Overestimated". *The Washington Post*, Nov 9, 1881; "A Meditation on Malaria." *The Washington Post*, May 12, 1881.

should be spent to help clear away known factors and thus prevent the disease from having a place to grow. This tactic of clearing mosquito breeding grounds continued to be used throughout WWII and after; even with the mistaken belief that bad air that caused malaria, draining swamps was still key to controlling mosquito populations. That this debate took place after the recent discoveries in the field indicated that time, as well as media attention, were necessary to improve the public understanding of the disease.²¹

The Civil War caused the U.S. government to approach malaria as a national problem and not simply one faced by residents of the South. As soldiers returned to the North after the war, they often brought with them malarial parasites, which were then spread throughout the region. Prior to the war, the southern United States was plagued with malaria as the *anopheles* mosquito and the plasmodia thrived in warm, humid climates. In addition to the tropical climate, economic and social factors made the population far more susceptible to contracting the disease. Malnutrition and the associated weakened immune systems plagued many in the region. In addition to malnutrition, ailments such as hookworm left many citizens anemic, and if they were unlucky enough to contract malaria as well, the impact on their few remaining red blood cells caused severe health problems. Union blockades of southern ports also stopped importation of quinine and so it was far more difficult to treat the ailment after it was contracted. Agricultural development in the region and its heavy focus on cotton made it nearly impossible for those working the fields to be able to improve their social conditions in any meaningful way and the existence of neglected farms, which when left fallow flooded providing a breeding ground rife for mosquito larvae. When there are animals in a region, mosquitos will feed on them even if their primary food source was humans. As such, the slaughter of livestock to provide food to the

²¹ "Is Malaria a Myth? Its Prevalence Stated By Physicians to Be Overestimated". *The Washington Post*, Nov 9, 1881.

army meant that there were no longer other food sources for the region's mosquitos, increasing the likelihood that new malarial infections would spread among humans.

Between May and June of 1861 Union troops faced a morbidity rate of 2,698 cases per 1,000. For the southern troops who had some previous exposure, they still faced a staggering 41,539 cases from January 1862 to July 1863, of which 10,000 resulted in death. As the war ended and quinine supplies were again available in the south, the rate began to gradually decline in some populations, though until a concerted effort was made to address the economic and social problems that made the region more prone to the disease it could not be completely eradicated. As the war ended and radical reconstruction projects collapsed, southern planters began to legislate their access to black workers without improving conditions or paying decent wages. To do so they created the system of sharecropping and limited the movement of Black Americans. Because of the continually poor economic conditions in the region, the price of cotton fluctuated in conjunction with malaria rates. Between 1916 and 1926 malaria rates decreased from a high of 1,426 deaths to a low of 365. As these rates fell, the price of cotton increased from eighteen to thirty-six cents. While this could be a simple coincidence, as there was no such congruence between rice prices and malaria rates, it is clear that it is the living conditions of the workers and not simply the southern climate causing the shift. Sadly, these larger social problems were often ignored in favor of the more exciting biological causes of the disease.²²

In 1901, A.F.A. King, a physician of the D.C. area, proposed what was to many a radical explanation for malaria. In an article published that year he reiterated Ross's suggestion that malaria was transmitted by mosquitos. This proposition was first rejected by many scientists as

²² Packard, 69-77, 116.

there are areas with high populations of mosquitos and no cases of malaria. Malaria, as it was learned at this time was transmitted only by the genus *Anopheles* mosquito. On the other hand, most of the mosquitos in the United States are of the genus *Culex*. The malarial parasite dies in the stomachs of this species as digestion occurs and thus they are unable to serve as carriers of the disease. According to King, “There are three proposed treatments: the drainage of swamps and standing pools where this [breeding] is possible, the introduction of fish..., and, third the treatment of pools, or ponds, and other bodies of water, which cannot be drained with kerosene.” While the introduction of harsh chemicals would be viewed less favorably today, this was one of the first attempts to use larvicide on the scale necessary to quickly stop the spread of malaria.²³

While the idea of scientific hygiene originated in Germany, by the end of the nineteenth century it made its way to the United States and while many public health officials were aware of the role played by societal factors, it was far more popular to focus on vector control and prophylaxis. Those supporting each tactic touted the success of their favored solution, leaving little room for a balanced approach. Vector control programs had two distinct advantages. The environmental engineering necessary for such programs could contribute to the long term reduction of malaria in the region and it required little cooperation from the population. On the other hand, vector control also had its disadvantages: it was necessary to employ trained entomologists who could identify the *anopheles* mosquitos and conducting such programs was expensive. By identifying the species this way, a tactic called “species sanitation,” it was easier to eliminate the specific breeding sites without expending the resources to remove all possible breeding sites, thus saving money in an already costly venture. Likewise, attacking the

²³ L.O. Howard. “Malaria and Mosquitos: Modern Science Holds the Insect Pest Responsible for a Prevalent Malady.” *The Washington Post*, Apr 21, 1901.

plasmodium parasite was advantageous in that it was generally less expensive to protect the local populations using *quinine* than to use pesticides and larvicides in the mosquitos breeding pools. Another advantage was that it did not require the use of experts as did the clearing of breeding grounds. The disadvantages of prophylaxis, were that cost and supply could make it an unreliable solution. Also, this method required the cooperation and personal diligence of the person taking the regimen. Most importantly, while prophylaxis can prevent malaria, it cannot cure it, and while suppressing symptoms is helpful for the individual, it does nothing to stop the spread of the disease and had little impact on its long term eradication in the region.²⁴

The Program to Combat Malaria in War Areas began at the behest of Dr. Frederick F. Russell of the Rockefeller Foundation during World War I in an attempt to eradicate the disease in the American South. The League of Nations was created following the Paris Peace Conference of 1919. In 1924 the League of Nations created a Malaria Commission to deal with malaria in times of war, primarily in European countries. The commission was also charged with solving the debate over anti-malarial campaigns. Its first report states:

The commission feels bound to reiterate the importance of the general social and hygienic condition of the people in relation to the extent and severity with which malaria shows itself. This has been brought to notice in many areas: better housing, an ampler and more varied dietary, and better environmental conditions make for a more intelligent and willing people and for greater individual resistance. Moreover, in such conditions, quinine is utilized much more intensively and effectively. The improved economic conditions of a country not only induce optimism and tend to stimulate the inertia of misery into organized activity but allow for the extension of health services and the co-operation, in measures for their own good, of the people whose health the sanitary service is designed to improve.²⁵

This first report clearly acknowledged the need for social reform to underlie any attempt at full eradication of the disease and the importance of medications in prevention; however, its exclusion of pesticide programs continued rather than resolved the debate.

²⁴ Packard, 117-125.

²⁵ Packard, 126-127.

The Rockefeller Foundation would soon emerge as an American counter-part to the European Malaria Commission. There was some conflict over the methods of containment as the Rockefeller Foundation preferred to kill the *Anopheles* mosquito, while the Malaria Commission preferred the use of anti-malarial drugs. After various attempts on the part of organizations to attack the problem unilaterally, eleven investigators representing different factions came together to develop a more concerted effort by all groups, especially the armed forces, on 8 July, 1941. This meeting determined the use of certain animals as test subjects and proposed a standard of acceptability for tests involving humans. Neither practice would pass muster with today's research standards and such measures opened the door to experiments conducted by the Nazis and Japanese that would later be deemed war crimes- methods that by any measure would be deemed criminal today.²⁶

With the help of the National Malaria Society and its coordinated efforts with the Public Health Service and the Navy Department, the U.S. Government began to standardize procedures for the clearing of mosquitoes and their breeding grounds. This program began first to rid the South of malaria, but was soon expanded overseas as the nation entered the war. The National Malaria Society published its findings annually, the first coming out in 1943.

The clearing of breeding pools was first accomplished by spraying larvicides on any pools within reach of projected combat areas. A larviciding unit consisted of a foreman, four dusters or oilers, and a truck. Other tasks necessary for clearing these areas of mosquitoes included: cutting brush, minor drainage, and removal and clearing of emergent vegetation from stagnated streams and ponds. Major drainage projects were only undertaken when a larvicide

²⁶ Condon-Rall, 51-54. ** The Tuskegee Experiments, in which unknowing black, male participants were given syphilis and then malaria was subsequently "induced" to cure it. This was frequently the case in other human experiments though prisoners were often offered shorter sentences for their consent to have malaria "induced" in their cases. **; Packard, 126-128

program alone would not work, but these projects were contingent upon available manpower and equipment. In many areas this kind of clearing was not possible as there were no roads by which to transport the equipment.

Over the short span of time from June to November 1943, more than 100 tons of Paris Green, a larvicide, and 1.5 million gallons of oil were used to control mosquitoes in 31,000 miles of ditches and 80,000 acres of ponds and pooled streams throughout the United States and its territories.²⁷ This program, which had begun to clear the regions of malarial infestation back home, would transfer sixty percent of its personnel to the military by the year's end. The program became known as *Malaria Control in War Areas* and followed the same organizational structure and expansive usage as its precursor- utilizing help from federal, state, and local agencies and personnel. Along with the physical removal program, the National Malaria Society also worked to educate citizens about malaria, launching a major information and advertising campaign utilizing skits, fliers, journal and newspaper articles, and radio advertisements.²⁸

The difficulties with supplies, terrain, and weather were the first faced, but the threat of close combat and disease added to the already wavering troop morale. Scientist Bernard Marcus estimates that nearly 500,000 American soldiers contracted malaria during WWII, making them too sick to continue fighting; more soldiers were sent to the hospital for malaria and similar insect-borne diseases than combat wounds. U.S. Army Statistics list 178,830 actual hospital admissions for the Pacific Theater of War. This already high rate does not include the number of

²⁷ Louis L. Williams, Jr. M.D, "Malaria Control in the War Areas" in *The Journal of the National Malaria Society*. Volume II, Number 2 (Tallahassee, FL: National Malaria Society.1943), 7-9

²⁸ Louis L. Williams, Jr. M.D, "Malaria Control in the War Areas" in *The Journal of the National Malaria Society*. Volume II, Number 2 (Tallahassee, FL: National Malaria Society.1943), 57-59.

personnel who, like Dixon, contracted malaria but did not show symptoms until after they stopped taking Atabrine, often after leaving the combat zone. For the 6th, they soon came to learn that New Guinea truly was one of the most malarious places on earth. MacArthur complained once that at any given time one third of a unit was infected and one third recovering, leaving only one third able to continue fighting.²⁹



FIGURE 12—Antimalaria poster.

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To understand fully the effect of malaria on the 6th, both during and after the war, it is imperative to understand what combat conditions, as defined by both the tropical environment and the fanatic Japanese, were like for these men in New Guinea and how this prefaced the ceaseless combat later in Luzon. Weary, having just endured the horrors of the Jungle, they then shifted to a completely new form of combat, at times engaging the enemy in populated urban areas for the first time. Although the treatment for malaria had clearly improved, a disease that

²⁹ Marcus, 9-11; Reister, *Medical Statistics in World War II*, 812, 1032, 38, 178, 830.

³⁰ Heaton, 565-566.

detracted from strength, focus, or endurance endangered the lives of the afflicted individual and the unit as a whole. During 1944, 25,980 soldiers were admitted to hospitals in MacArthur's SWPA, or Southwest Pacific Area including New Guinea and the Philippines, for *vivax* or *tertian* malaria, but only thirty-one men died. During the months when the 6th was fighting in New Guinea the *vivax* rate among soldiers in the Pacific, began at nine thousand per month, but would rise to a steady twelve thousand per month between July and August. *Falciparum* malaria rates were far lower with only 12,385 admissions throughout the year. In comparison, these hospitalizations, constituting a portion of the rate of disease per one thousand in June were 450, while battle injuries only numbered sixty. Throughout the war, this led to a noneffective rate, or rate of days a soldier could not engage in combat, of 7.6 for battle wounds and 28.8 percent for disease. During 1945, there were 27, 585 malaria admissions in SWPA though only fifty-four servicemen died from the disease.³¹

³¹ Reister, *Medical Statistics in World War II*. 812, Table 43 g lines 22-26; 1018; 1032, table 53 g lines 22-26; Chart on opening Page; 1054, 834 Table 49 g lines 22-26; (For 1945 admissions) Table 54 g, lines 22-26.

Stateside

Soon one recruit would join the ranks of infantrymen and malarial infected, but before he reached the Pacific, PFC Arthur Franklin Dixon had a story just like each one of the men and women who faced the combination of combat and disease. He was born on 5 February 1919 in Versailles, Ohio, a small farming community forty miles outside of Dayton. The first-born son of George and Pearl Dixon, he was the third of six children and grew up laboring in the corn fields. In such a large family with little means other than the land they worked, he soon learned to make do with very little. Having completed the eighth grade at Concord Elementary School and unable to travel the distance to the nearest high school, he withdrew from school to devote his full attention to the farm. At the age of 18 he decided it was time to find his own path and he moved to Richmond, Indiana where he took a job at the Crosley Corporation, working much shorter hours and earning a decent wage.

After working here for a short time, he received a letter from the U.S. Government stating, “Greetings from the President of the United States...”— Dixon had been issued his draft notice and reported for induction on 31 July 1941 at Fort Thomas, Kentucky.³² The Selective Service Act had been signed 16 September, 1940, before Pearl Harbor, authorizing the first peacetime conscription in American history. From here he was sent to Camp Wheeler in Macon, Georgia. From August to October of 1941, he completed his basic training and while on leave one day he passed a young woman who was putting groceries in her car. As she bent over to set the last bag down into the trunk, he looked at his friend and fellow infantryman, William Hoblit, and said, “*That’s* the girl I’m gonna marry.” And so he proceeded to talk Kathryn Price into

³² Kathryn Dixon. *This Is Your Life Arthur Franklin Dixon*. March, 1978, 1; Dixon, Arthur F. *Application for Civil Service Position Signed October 23, 1961*. In the possession of the Author.

going on a date and continued to court her during the next few months, leaving a fine impression on her father every time Dixon, also fondly known as “that damn Yankee,” would squeal the tires of his 1940 Ford.³³

In early October of 1941, Dixon, having completed his first round of training, was sent to Fort Benning in Columbus, Georgia to complete his specialization training and begin working in supply. He was trained as a supply clerk, MOS 835 (Military Occupational Specialty). With Fort Benning over one hundred miles from Macon, the weekend trips he made would have become fairly pricey had Dixon not brought along assorted GIs to help pay for gasoline, bribing them with the opportunity to meet one of Kathryn’s cute sisters. After such visits had gone on for nearly a year, Kathryn and Arthur were married in a small civil ceremony held in the living room of a local pastor on 27 October 1942. Promoted to Private First Class, Dixon may have been a Corporal in Supply at Fort Benning, based on a photo of him wearing the two chevrons on a khaki (tan summer) uniform and necktie, with his friend, PFC William T. Hoblit. Hoblit was later deployed to the European Theater of Operations and assigned to the 83rd Infantry Division. While in France, he was killed in action on 16 July, 1944. At the age of only twenty-two he was posthumously awarded the Purple Heart and Dixon had lost one of his closest friends just as he was about to enter combat.³⁴

³³ Stories told to the author many times by Kathryn Dixon.

³⁴ Dixon, Arthur F. *Application for Civil Service Position Signed October 23, 1961*. In the possession of the Author. Kathryn P. Dixon; *Enlisted Record and Report of Separation, Honorable Discharge: Arthur F. Dixon*, 15 December 1945, Line 30 [Hereafter cited as “Discharge”]; Find a Grave.com, *memorial number 60065875*; U.S Army, *Rosters of WWII Dead*. (Washington, D.C.: US Army Quartermaster General’s Office, 1939-1945)*Copy in the Possession of the Author.



This picture sparked some speculation among Dixon's family members as to whether or not he gave up his chevrons due to the level of animosity recruits held toward those who trained them. Gloria Stephen, Dixon's sister-in-law, recalls, "During training in this country, Sergeants were so stern, so vicious. They made the men be so disciplined... They had to be to go to war. And after they got overseas, the men they trained turned on them and shot them." His niece, Lynn Roberts, recalls a story shared by her father, George Dixon, in which he and his brother

Arthur both gave up their 'stripes' while overseas as a means of survival. Other than this picture, there is little evidence to support their claim and though such rumors were popular at the time, in most instances this was patently false.³⁵

When the Japanese attacked Pearl Harbor on 7 December, 1941 the United States Government, with the approval of the President as commander-in- chief, began activating new posts and expanding the training programs at existing bases. By August 1943, Dixon was at Fort Ord, Monterey, California, probably in supply at the base in the Headquarters Detachment of the 1st Replacement Regiment, AGF (Army Ground Forces) Replacement Depot No. 2. It processed and dispatched individuals as replacements to units that further assigned them. On Dixon's Separation Qualification Record of 15 December 1945 (upon separation from the service), line 13, summary of Military Occupations, states: "SUPPLY CLERK: Requisitioned and issued rifles and ammunition to an Army replacement regiment. Kept inventory. Also handled rations. Requisitioned and issued rations to battalions." This may have been his function while at Fort Ord, both supply for the replacement depot and for units in training there, but he may have also had supply roles once overseas.³⁶ As this expansion continued and new soldiers were needed for both theaters of war,

PFC Arthur Franklin Dixon, serial number 35127813, was ordered as cadre to Fort Ord, California. Consequently, he took his lovely bride and sped (literally) in his 1940 Ford, across plains and the deserts arriving in Salinas, California in August of 1943. There he performed the duties of a Supply Sergeant-requisitioning, receiving, and issuing food for his new military unit. In his free time he took his bride, in his 1940 Ford, to places like Monterey, Pacific Grove, Caramel-By-The-Sea[sic], Pebble Beach, the Redwoods, Oakland and that fabulous city of San Francisco- where they toured the mysterious Chinatown, strolled along the Fisherman's Warf [sic], dined at the Cathay House and rode on those ancient little cable-cars, but those happy times soon came to a sudden stop. For the Soldier who had been

³⁵ Interview conducted with Gloria Stephen, who lived during the war, and Lynn Roberts on 8 August, 2011.

³⁶ Dixon's Separation and Qualification Record, 15 December 1945, line 13.

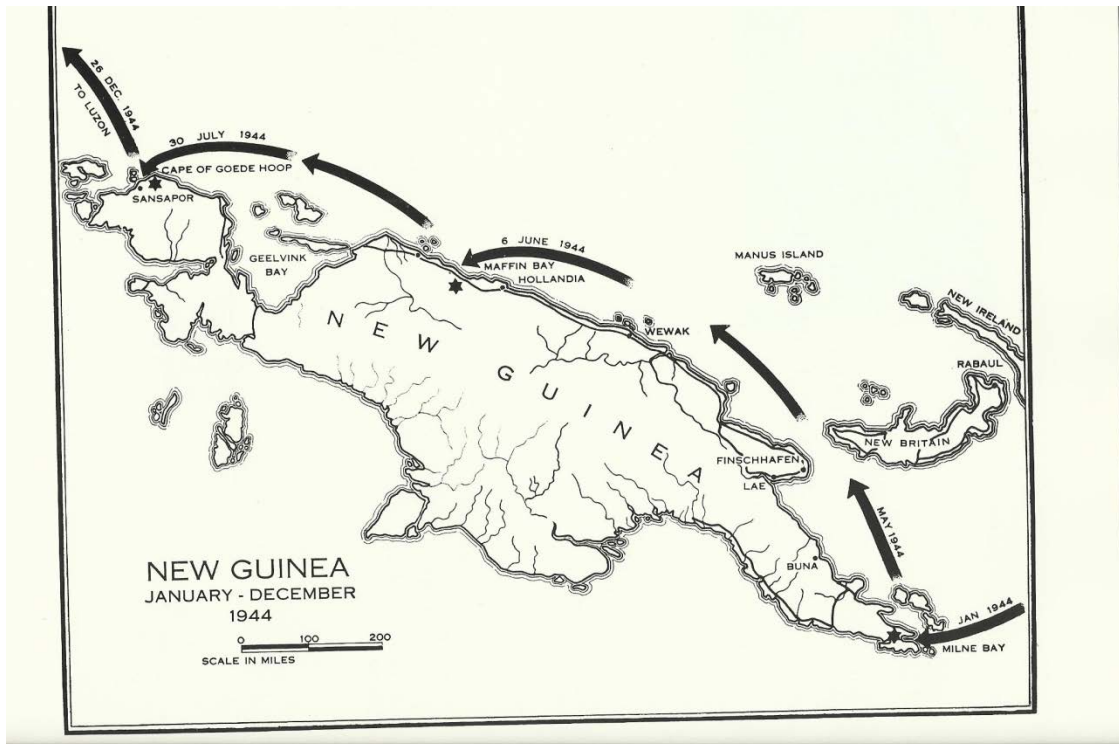
busy in the outfit that trained soldiers for overseas duty, now became one of those ordered overseas, himself. He kissed his bride goodbye and in June of 1944 [sic] and sailed away...³⁷

The comment about Chinatown is highly telling regarding the level of distance that even comparatively open-minded Americans placed between themselves and Asian Americans during this period. To note Chinatown, which had been present as long as many of the other tourist attractions listed, as “mysterious” shows how foreign and dangerous these American citizens and their associated cultures were, never mind that their nationality was distinctly separate from the Japanese. With Dixon and others now en route, these racial and cultural distinctions would be used to justify both the Japanese hatred of Americans and American hatred of the Japanese.

It was on 27 May 1944 that PFC Arthur Dixon actually departed San Francisco, as a replacement, bound for the Asiatic-Pacific Theater of War. Later in 1944, Private Russell E. McLogan would make a similar journey before being assigned to Company K of the 63rd Infantry Regiment of the 6th Infantry Division; it took fifteen days to complete the voyage. He described his first experience after the ship’s departure as having gone below deck to find nearly every soldier vomiting: in their crowded bunks, in their helmets, the stairwells, and a few in the bathrooms. Seasickness generally affected over eighty percent of the troops and during his journey there was no existing medication to cure it. This long and cramped voyage was the precursor to arrival in New Guinea and not an exceptionally positive experience for many.³⁸

³⁷ Kathryn Dixon, 2. * Dixon departed on 27 May 1944, not June.

³⁸ McLogan, 56-59



The 6th Infantry Division: New Guinea

The island of New Guinea lies near the equator and even during the dry season it still rained daily for nine months out of the year, only a little less than during the monsoon season. The combination of constant moisture and excessive heat produced massive downpours, which, in turn, created a constant level of humidity. This high level of humidity made the tropical heat feel even hotter during the day and colder during the night. All of these factors forced GIs to

lessen the loads they carried, by leaving behind the necessities for handling the environment such as tarps and adequate rations. This often left the men without means to keep themselves dry during afternoon rains and without blankets during the chilly nights.³⁹

The US 6th Infantry Division, nicknamed the “Sightseeing Sixth,” with its six-pointed red star shoulder patch from WWI, was reactivated on 10 October 1939 at Fort Lewis, Washington and then stationed at Fort Leonard Wood, Missouri. After training and maneuvers, it departed San Francisco as its POE (Port of Embarkation) 21 July 1943, arriving in Hawaii eight days later. Reorganized under the 1943 T/O&E (Table of Organization and Equipment), it was authorized 14,218 personnel aggregate, and by October of 1943 was composed of the 1st, 20th, and 63rd Infantry Regiments, as well as, the 1st, 51st, 53rd, and 80th Field Artillery Battalions, the 6th Engineer Combat and 6th Medical Battalions, and company size units. After rigorous jungle training on Oahu, Hawaii, the men of the 6th were prepared for what the battles ahead would bring, except for the stifling heat and the bugs.⁴⁰

On 26 January 1944, the 6th Infantry Division shipped out for New Guinea from Hawaii under Major General Franklin C. Sibert, arriving at Milne Bay on the eastern tip of the island six days later on 31 January. After losing an entire day to the dateline change, they began establishing tent camps in the jungle and soon realized that their first fight would be against the tropical environment, not the Japanese, as most had been expecting.⁴¹

Australian and American forces had cleared the Gona-Buna area of New Guinea, a swampy region at the foothills of the Owen Stanley Mountains in New Guinea, and the Lae-

³⁹ 6th Infantry Division, 36; Bergerud, 62-63.

⁴⁰ Stanton, 85; Sixth Infantry Division, Public Relations Section. *6th Infantry Division In World War II 1939-1945* (Nashville: The Battery Press, 1983), 13, 29-31, 34.

⁴¹ 6th Infantry Division, 31.

Salamaua positions on the Huon Peninsula by the end of 1943. On 22 April, 1944, General Douglas MacArthur leap-frogged his forces westward along the northern coast to Netherlands New Guinea, the 24th and 41st Infantry Divisions landing in the Hollandia area and fighting their way inland. On 17 May the 163rd Infantry, 41st Division, code-named Tornado Force, landed at Arare near Toem, and then captured the Wakde Island and its airfield the next day.⁴²

On 6 June, the 6th Infantry Division's 1st Infantry Regiment, transported from Milne Bay, came ashore at Toem to relieve the Tornado Task Force, which had been fighting to the point of exhaustion. The 20th Infantry then arrived on 11 June to relieve the 158th RCT (Regimental Combat Team) along the Tirfoam River before the Battle of Lone Tree Hill, which took place at a fortified Japanese position on Maffin Bay. The 63rd Infantry, Division Artillery, and the rest of the 6th ID arrived in Maffin Bay on 14 June. At Toem they encountered none of the Japanese infantry they expected, but instead, faced the varying periods of extreme heat and torrential rains. These two factors came together to accommodate the plethora of insects found on the island of New Guinea, which carried diseases like scrub typhus, yellow fever, dengue, malaria, and elephantitis. With these new obstacles, the men of the 6th continued training for combat when they were not working on constructing portions of the base camp.⁴³

This first introduction to the jungle conditions did little to calm the fears of the soldiers, but this would only be a portion of what they were soon to face. Despite the previous two years of fighting in this region, Japan, Australia, and the United States, were all still unprepared for the extreme climate and terrain in which they were about to face off. Most striking initially was the

⁴² Harry A. Gailey, *The War in the Pacific* (Novato, CA: Presidio, 1997), 278-87; Spector, 286-90; Robert Ross Smith, *The Approach to the Philippines* (Washington, DC: US Army Center for Military History, 1996, first printed in 1953), 53-61, 206-231; Photo accessed 3/15/2013 from kokoda.commemoration.gov.au

⁴³ 6th Infantry Division, 37-39.

terrain and the problems it posed to the distribution of supplies and malaria control procedures. There were no roads, because any that had been created previously were soon reclaimed by jungle overgrowth. For this reason, supplies could only be moved by the soldiers themselves or hired natives. The process was exceptionally slow, made worse by the ever present volcanic mud, and created consistent shortages of food, clean water, and munitions while soldiers were in nearly constant combat. The US ability to cope with the issue of supply shortages, and the Japanese failure to do the same, eventually proved to be decisive later in the war.⁴⁴

⁴⁴ Bergerud, 61.

The Sixth Infantry Division at Toem

To understand the experience of soldiers with malaria, it is necessary to start by understanding the experience of soldiers in combat. The 6th Infantry Division was now concentrated ashore in the Toem beachhead. Here they encountered the *Nambu* (Japanese light machine gun) for the first time. Nambu were something nearly all veterans in the Pacific experienced and that unique sound became tied to so many of their memories and thus their war stories. Along with the sound of the Nambu, American GIs also faced Japanese soldiers who rushed forward in *Banzai* attacks (surprise Japanese attacks), out of the dark jungle, with one assault after another. Dixon frequently shared his experiences, each night having felt that these waves of attacks would never stop. This terrain was especially problematic because the region was composed of coral, leaving soldiers to find cover by ducking behind thick rooted tropical trees and whatever else was at hand since they could not dig foxholes.

When the 1st Infantry Regiment was relieved by the 63rd, they had advanced their position to the No Name River. In the meantime, the 20th Infantry prepared for an attack west of the Tirfoam River and set up positions on either side of a road near Lone Tree Hill. After an hour of mortar exchanges and a brief skirmish, the men of the Twentieth were surprised by how easily they took the hill. This was precisely what the Japanese intended: to isolate the unit on the top of the hill and then cut them off from the support and supplies.⁴⁵

⁴⁵ 6th Infantry Division, 43.

Arthur Dixon came ashore near Toem on New Guinea as a replacement on 14 June, 1944 and would be assigned to Company K in the 3d Battalion of the 1st Infantry Regiment, 6th Infantry Division, though it is unclear when exactly this took place. In a later American Red Cross letter home dated Wednesday 2 August 1944, he wrote, “I finally got joined to an outfit. I am in the 6th Division. I think I am going to like it fine. I had another boat ride and I did get quite sick the first night, but I soon got alright. We had to eat C rations and they didn’t go so good.” The letter had a hand-drawn red six-pointed star, the insignia of the 6th Infantry Division, and was marked, “6th Sansapor in New Guinea.” By then the fighting was basically over. Yet Dixon was awarded the respected CIB (Combat Infantryman’s Badge), distinguishing combat troops from service personnel, for actions with the 1st Infantry Regiment “somewhere on New Guinea” as stated on the citation list. The CIB was awarded for at least thirty days of frontline combat and recommended by one’s commanding officer. The 2 August letter may refer to being *officially* assigned to the 6th Division when the paper work caught up. While Dixon’s primary MOS was supply, he also served with combat units using the BAR (Browning Automatic Rifle). With casualties among the rifle platoons, soldiers were assigned, or volunteered, to serve where needed. While it is not certain whether Dixon was assigned to the 6th Army Infantry’s 1st Infantry Regiment at this point, it is highly likely that he had already begun to move with them through the engagements from this point forward.⁴⁶

On June 22, the men of the 20th fought through the night and would continue to do so for the next four days. Low on ammunition and without rations, the men battled *Banzai* attacks hand

⁴⁶ 2 August 1944 letter; Headquarters First Infantry APO #6. *General Order Number 55, date 15 September, 1945*: Under the provisions of War Department Circular #269, dated 27 October 1943, the following named enlisted men of Company “K”, First Infantry Regiment are cited for exemplary conduct in action against the enemy somewhere in New Guinea, and are entitled to wear the Combat Infantrymen Badge.

to hand. During this time they were caught in the blistering sun during the day, surrounded by the stench of rotting corpses, and thankful when the torrential rains began since not only did this cool them down a bit, but it was their only source of drinking water. The next day, Company L of the 1st Infantry joined the fight to free them. In these situations, succumbing to illness or fatigue proved deadly. This incessant fighting did not leave room for error.⁴⁷

The unit reached the top of the ridge carrying extra rations and other supplies for the cut-off men and in doing so they had little access to personal ammunition. Bugged down with too many supplies, Company L was easily pinned down. But Private First Class Carl H. Parsiola darted, through machine gun fire, for the bottom of the hill. He managed to reach another group of soldiers and after organizing a small group of volunteers they proceeded to annihilate enemy strongpoints through the use of flamethrowers, rocket launchers, grenades, and personal rifles. With the company now able to advance, they had successfully reopened the supply-line. For his swift action Parsiola was promoted to 1st Lieutenant and received the Distinguished Service Cross, the second highest combat military decoration, for his exceptional valor during the Maffin Bay Campaign.⁴⁸

This meant that the 20th could now receive water, food, medical supplies, and even dry socks. To bring those supplies not carried by the 1st, a supply train was created, with infantry men running forward and back with the necessary supplies. This still proved problematic as the line was under constant fire, and while supply levels improved they were still not ideal. In addition, the men on the ridge were still engaged in heavy combat. The overall fatigue caused by the lack of sleep and previous lack of supply had lowered troop morale, but for the moment it

⁴⁷ 6th Infantry Division, 46; McLogan, 263.

⁴⁸ 6th Infantry Division, 46, 171.

seemed to be improving. Lacking medical supplies, particularly anti-malarial drugs, determined the influence of disease on military combat effectiveness and with soldiers under duress; improving medication and morale were the best ways to keep exhausted soldiers in the fight.⁴⁹

⁴⁹ Ibid., 46-47.



From Maffin Bay to Sansapor

To relieve pressure on these units and open a drive on Maffin Airdrome to the west, Companies K and I of the 1st Infantry's 3rd Battalion prepared for amphibious envelopment of Rocky Point off Lone Tree Hill. On 24 June, covered by amphibious tanks of the 6th, the Reconnaissance Troop, and Companies K and I hit the beach in LVTs (Landing Vehicle, Tracked)—amphibious tractors or Amtracs. The covering fire provided by the tanks was so intense that the other men on the northwestern portion of the hill had to seek cover. Just before the Reconnaissance Troop left and Companies K and I were to proceed on their own, an LVT full of wounded was hit by enemy mortars and began to sink. All those in the Amtrac returned fire in an attempt to cover Lieutenant Robert A. Stewart who dove in and managed to rescue seven wounded men despite a pelting of machine-gun fire. Two more men were then pulled to

safety with the help of others. Like Parsiola, Stewart was awarded the Distinguished Service Cross for his valor at Maffin Bay. It was heroic actions like these that broke the painful tests of endurance these men encountered during their combat tours and revived troop morale until the next gruesome fight.⁵⁰

Repeated attempts to advance over the clay bank on the western side of Lone Tree Hill were thwarted by fire from *Nambu* turrets dug into the lower portion of the hill. For two days the 3rd Battalion was trapped on a beach so narrow that the waves crashed against them and mortar fire rained down as they tried to seek cover under the ledges of the bank. An attempt to land additional tanks here was unsuccessful as they could not make it through the bank's foot-thick mud and they were soon withdrawn. Despite large numbers of men having been exposed, resulting in numerous casualties, the men forged ahead. Moving through swamp land, with the mosquitos and jungle rot that such areas were famous for, Dixon and the rest of the 3rd pushed side by side until they had moved 150 yards and were able to establish contact with Company L on the top of the Hill, also of the 1st Infantry.

In the meantime, the 3rd of the 63rd Regiment were able to make contact with the 20th, which had continued fighting on the top of the hill for four sleepless nights. The 63rd continued to clear out the remaining elements of Japanese resistance, but by the morning of 30 June, the Battle for Lone Tree Hill was over. In the ten-day battle the 6th ID had suffered over 800 casualties, including 150 killed in action.

On 30 June patrols occupied the Maffin Bay airdrome. Inland the 63rd captured Hill 225 and Mt. Saksin, but the 1st Infantry encountered stubborn resistance on Hill 265 on 7 July. Reinforced by the 1st Battalion of the 63rd, and supported by tanks and artillery, assault teams

⁵⁰ Ibid., 47-48, 171. Smith, *Approach*, 273.

with flamethrowers and bazookas finally eliminated the Japanese defenders in the caves and pillboxes two days later. On 12 July, with the Maffin Bay area secured, the 6th Infantry Division was relieved to prepare for the next operation.⁵¹

On 30 July the 1st Infantry Regiment, as Typhoon Task Force, landed by landing craft at the Sansapor area of the Vogelkop (Bird's head) Peninsula, the western extension of New Guinea. MacArthur hoped that by securing the bird's head, he would be able to isolate large numbers of Japanese and open more airfields to support his return to the Philippines. In a letter to his wife, Arthur Dixon agreed, citing the same difficulties with seasickness expressed earlier by McLogan, saying that he "really did get sick the first night... we had to eat C rations and they didn't go so good." With no beach opposition, more forces landed in LSTs (Landing Ship, Tank) and APDs (high-speed destroyer transports), and construction of airfields was begun to provide air support for future assaults on the East Indies and the Philippines. The Japanese of the 2d Army were under the leadership of Lieutenant General Fusataro Teshima. More fearsome than the Japanese at Sansapor was the scrub typhus carried by tiny red mites. The 1st Infantry was especially hard hit. By 31 August, 9 had died, 121 were in the hospital with scrub typhus, and 258 were hospitalized with unknown fevers, likely caused by undiagnosed dengue and malaria. Even Colonel Forbie Privett, the regimental commander, was laid low, as were four of his staff officers and several company commanders. Though measures were taken immediately when the first case was confirmed, more than 1,800 cases were confirmed and medics worked virtually round the clock until the epidemic was brought under control during the later portion of the month of August. Battling the enemy was difficult enough without also fighting the jungle and

⁵¹ 6th Infantry Divison , 48-49.

the horrible diseases rampant in the region. The men would only be too happy to leave New Guinea.⁵²

⁵² Smith, *Approach*, 445; 6th Infantry Division, 55-57; Stanton, 86; Arthur F. Dixon. Letter sent via the Red Cross 2 August, 1944. In possession of the Author.

The Battling Bastards of Bataan

For many of the soldiers who surrendered on Bataan, they had enlisted during a time of peace as a means of escaping the Great Depression. Prior to the bombing of Pearl Harbor most recalled the tranquil peace they found under palm fronds in this tropical paradise. On Christmas Eve of 1941, the Japanese forces had pushed MacArthur toward Bataan and soon he retreated onto the small peninsula with his 12,000 remaining troops. Caught off guard, the General was forced to move his forces quickly, leaving behind the supplies and ammunition he had, in a moment of ill-conceived optimism, been forced to abandon on the left side of the isthmus. Despite the desperate nature of the conditions these forces faced, as they were forced to cut their rations down to 1/8th of their previous allotment, they continued to fight for four grueling months. They began to cook pack mules and forage, eating monkeys, worms, and whatever else they could find resembling food.

MacArthur had been told for some time that reinforcements would be sent, when he was ordered to retreat to Australia by the President. General Jonathan Wainwright who took his place, was soon informed that no such reinforces would be sent and he immediately shared this with his soldiers. On the morning of April 8th, the ground literally shook. In an unusual sequence of events, an earthquake heralded the American surrender of the Islands. Starving and out of ammunition, these men finally surrendered on April 9th 1942 as units, with the exception of a small force led by Wainwright that had retreated to the fortress island of Corregidor. To surrender was seen as a great dishonor by the Japanese and this made it much easier for the Japanese to view their captives as inferior, as less than human. The Japanese believed that the captives had to be moved from the town of Mariveles to a detention facility just outside of Capras so that the Japanese soldiers could continue their fight to take Corregidor. There were

more than 76,000 malnourished men including Philippine soldiers who would have to make the march to their final destination at camp O'Donnell, which was only designed to hold roughly 12,000. This kind of miscalculation was common among the Japanese leadership and was frequently used as the justification for their killing of civilians and prisoners of war. Also, the Japanese had never ratified the Geneva Convention and thus did not feel that they were held to any standard of warfare other than their own morality. The Japanese expected this journey to take one day, but it took over a week in 100 percent humidity and staggering heat. After the captives' shoes had been confiscated by the Japanese, such a trek was made infinitely more painful. If you fell behind and could not walk, then you were shot or used for bayonet practice. Water was plentiful on the journey, but the Japanese killed any who strayed from the road to take a drink. If Philippine civilians attempted to aid the soldiers, they were shot. In one case, a man who was holding his infant was approached by a Japanese soldier who put the muzzle of his pistol under the chin of the child and pulled the trigger. For their attempt to help the Americans, he and his wife were left covered in the blood and brains of their baby.

The first leg of the trip ended in the town of San Fernando. Having walked for ten days the American and Philippine captives were then loaded into boxcars like cattle. They travelled another 25 miles, standing upright, to the town of Capras. Some died standing and were so tightly packed they did not fall. Once they made it to Capras they still had a six mile walk along a stretch of gravel road to their final destination at camp O'Donnell. When they arrived one hundred percent of the soldiers had one disease or more, and roughly ninety-nine percent had contracted malaria. Once they arrived, conditions in the camp were little better. There was only a single spigot when they arrived and many more would die while waiting in line for a drink. It took two days for one soldier to get a drink. At least 20,000 Philippine citizens perished in the

first month as the camp, sometimes at rates of 150 to 200 per day. With only half a cup of rice per day, facing bouts of malaria, typhus, and dysentery these prisoners were forced to perform backbreaking labor.⁵³

Thousands of these prisoners were transported from the Philippines back to Japan to perform labor for the Japanese mainland. As these transports looked like any other Japanese transport, 24 ships were sunk by American planes along with the American and Philippine POWs they carried. On one of these ships more than 1,800 prisoners lost their lives. For those who made it to Japan, their treatment actually worsened. Only a few thousand of those who started the death march lived to see the end of the war. For those who did survive, the death march continued to plague them in the form of emotional, psychological, and physical trauma that they would spend the rest of their lives trying to come to terms with. Explaining the horrors for many was not even worth it, as their stories seemed too terrible to be true. While of the three groups the experience of these soldiers was likely the most traumatic, physically and psychologically, the combat they faced was far shorter than that of the 6th Infantry. The Philippine civilians have kept this history alive, but among surviving veterans, the perception is that in America, the memory of their sacrifice has been largely glossed over by the history books. While only spotty records were kept during the fighting and it is not known exactly how many died, roughly seventeen percent of all deaths associated with World War II took place in the Philippines. More than 55,000 American personnel died defending the islands. Worse yet, for every one Philippine soldier who lived, two died.⁵⁴

⁵³ A&E Productions, *The History Channel Presents: The Bataan Death March*. New York: New Video Group, 1996; Lester I. Tenney. *My Hitch in Hell: The Bataan Death March*. (Dulles, Virginia: Brassey's Inc. 2000), 35, 45.

⁵⁴ A&E Productions, *The History Channel Presents: The Bataan Death March*. New York: New Video Group, 1996. Tenney, 41-42.

6th Infantry Division: Luzon Campaign

The battles on New Guinea were only the first of many battles in store for the Sixth Army. Seeing Sixth and comparatively short when considering the 219 days of unrelenting combat they faced later on the island of Luzon. It was on Luzon that these men faced some of the finest Japanese forces, commanded by General Tomoyuki Yamashita, resulting in some of the most brutal warfare seen in the Pacific, fighting that would drag on until well after VJ Day: August 14th, 1945 in the Pacific. In the Central Pacific Theater of Operations under Admiral Chester Nimitz, US Army and Marine forces captured Tarawa and Kwajalein, and in June 1944 landed to capture Saipan, Guam, and Tinian in the Marianas. The capture of these islands, 1,200 miles from Tokyo, brought the Japanese home islands within bombing range of the new B-29 Superfortress. The Japanese Navy contested these landings in the Battle of the Philippine Sea, but their aircraft carrier planes were shot out of the sky in the "Great Marianas Turkey Shoot." It was a two-pronged strategic drive: Nimitz's Central Pacific forces "island-hopping" the advance toward Japan, and MacArthur's Southwest Pacific forces advancing to the Philippines, which would cut the Japanese supply shipping from Southeast Asia along the coast of China, especially the oil tankers. The day after Christmas 1944 the 6th Infantry Division, commanded by Major General Edwin D. Patrick since August 1944, completed loading and on 29 October departed Sansapor Harbor and New Guinea bound for an invasion of the Philippine Islands.⁵⁵

On the voyage there were scares when two midget submarines were contacted 5 January 1945 and some fifteen Japanese planes overflew the ships that night. On the 7th there was the first experience with *Kamikaze* attacks, the Special Attack units of suicide pilots who deliberately dove their explosive-packed planes into American ships. At General Quarters

⁵⁵ Gailey, 297, 350-364; Spector, 427-435.

warning the troops had to go below decks but from portholes watched the antiaircraft gunners fill the sky with tracers. One LST (Landing Ship, Tanks) was hit, but maintained its station in the convoy. But of the covering and bombardment forces, a CVE (aircraft carrier, escort) and a DE (destroyer escort) were sunk by the *Kamikazes* and several other ships were crippled or badly damaged, twenty-five ships in all.⁵⁶

Russell E. McLogan recalls, “My first impression of Leyte was one of warmth, green foliage, monkeys, and exotically colored birds. Not a war zone at all. The palm tree-lined beach where we went ashore was the same Red Beach where Douglas MacArthur had waded through the waters.”⁵⁷ McLogan joined the fight in Luzon much later as a reinforcement. MacArthur had returned to the Philippines with the first assault landing of four divisions, under sniper fire, on Leyte on 20 October 1944, which had precipitated the vast naval engagement of Leyte Gulf and the final destruction of the Imperial Japanese Navy. By New Year’s Day of 1945 the convoy was making its way up the narrow Surigao Strait, site of the night battle engagement of 24 October, and proceeding up the western side of the main island of Luzon.⁵⁸

Two days later, four divisions of Lieutenant General Walter Krueger’s Sixth Army – the 6th, commanded by Major General Edwin D. Patrick since August 1944, and 43d in Major General Innis Swift’s I Corps and the 37th and 40th in Major General Oscar Griswold’s XIV Corps – invaded Luzon at Lingayen Gulf. The men of the 1st Infantry Regiment were among those who scrambled down the cargo nets from the transports into the bobbing landing craft and went ashore in the first wave following the on-shore bombardment. Fortunately there was little

⁵⁶ 6th Infantry Division, 61; Spector, 519.

⁵⁷ McLogan, 74-75.

⁵⁸ Gailey, 297, 301-314; Spector, 301-310

resistance, but General Tomoyuki Yamashita had elected to concentrate his forces on Luzon in the mountain strongholds in the interior, for a prolonged defense exacting heavy casualties on the American forces. Yamashita's forces – Nips to the GIs – were in three groups: the *Shimbu* Group east of Manila controlling the city's water supplies, the *Kembu* Group defending the Clark Field airbases and the Bataan peninsula, and the *Shobu* Group under Yamashita himself in the mountainous north. This kind of exceptionally racist rhetoric was used by those fighting as a means of dehumanizing and further vilifying the enemy, but its presence in historical remembrances such as the 6th Infantry Division history shows how deep this hatred reached among both soldiers and civilians. Historian Harry A. Gailey says, "The Luzon campaign was the longest and most difficult of the entire Pacific War." Because of the length of combat and the proximity to the many diseases endemic to the Philippines, soldiers who served in this region faced a unique psychological trauma posed by uninterrupted warfare coupled with high malarial fevers and the nightmares and delirium associated with them. While those soldiers who followed their prophylactic regimens did not face them during combat, those who did not were far more at risk and those nurses and soldiers held in internment camps by the Japanese faced malaria, rickets, scurvy, and virtually any other disease associated with malnourishment and maltreatment.⁵⁹

On 12 January the 6th Infantry Division encountered the first organized resistance when a reconnaissance patrol ran into concentrated artillery, mortar, machinegun, and small arms fire

⁵⁹ Operations on Luzon are in Spector, 519-530; Gailey, 381-405, 460-462; Operations of the 6th ID in the Luzon Campaign are covered in most detail in the 6th Infantry Division history, and in Robert Ross Smith, *Triumph in the Philippines* (Washington, DC: Office of the Chief of Military History, Department of the Army, 1963). Of the 6th Division's history in the Luzon Campaign, Smith, *Triumph*, 713, says it is "One of the better unit histories."; Spector, 519; Gailey, 376; John W. Dower. *War Without Mercy: Race and Power in the Pacific War* (New York: Pantheon Books, 1986), 11.

from expertly camouflaged positions. While the 63d Regimental Combat Team turned north to assist the 43d Division, the 1st and 20th RCTs pushed toward the Cabaruan Hills. Each regimental combat team operated as a unit, the regiment being reinforced with elements from the division's engineer battalion and attached tank and antiaircraft battalions and supported by one of the artillery battalions. The low hills were covered with prickly bamboo thickets and scattered palms, while the valleys were covered with cogon grass and the cultivated fields were separated by bamboo hedges, but it was the rivers and rice paddies primarily where the anophaline mosquitos breed, once again making malaria a major source of concern.⁶⁰

Dixon was still with K Company. On his Separation Qualification Record dated 15 December, 1945, the record listed 39 months (3 years, 3 months) as PFC Supply Clerk (MOS 835) and 3 months as PFC Cook (MOS 060), he also listed 8 months as PFC Browning Automatic Rifleman (MOS 746). The BAR was a bi-pod mounted, magazine-fed automatic rifle that weighed 22 lbs. loaded, and had a rate of fire of 500 rpm (rounds per minute). Each rifle squad at full strength of 12 men, had a three-man BAR team (BAR-man, assistant, and ammo bearer). The BAR team gave supporting fire for the riflemen. It was front-line combat.⁶¹

⁶⁰ 6th Infantry Division, 79.

⁶¹ Dixon's Separation Qualification Record, 15 December 1945, lines 10-12. The form stated: "In its preparation, information is taken from available Army records and supplemented by personal interview." Details of Dixon's military service are in his enlisted Record and Report of Separation, Honorable Discharge, dated 15 December 1945.

If there were additional assignments, movement orders, and other records for Dixon, they may well have been lost in the 12 July 1973 fire at the National Personnel Records Center in St. Louis. An estimated 16 to 18 million personnel files were destroyed, including 80% of the records for Army personnel discharged between 1 November 1912 and 1 January 1960. The exact cause of the fire may have been insufficient ventilation in the overcrowded space. A sprinkler system was not installed, as that might have equally caused extensive water damage. *The American Legion Magazine*, "The Blaze of '73," February 2007, 36-40.

Dixon's 3rd Battalion of the 1st Infantry attacked the town of Urdaneta on the morning of the 17th. Pinned down by Japanese fire including tanks firing their 47mm guns, the doughboys, with a company of Sherman tanks of the 716th Tank Battalion with their 75mm guns finally battered through the trenches and pill boxes, occupying the town the next day. Dixon once told his daughter Deborah, about having to dive under a bridge just as an enemy tank rolled over top, missing him by a matter of seconds. The 3rd Battalion was encountering elements of the lone Japanese armored division on Luzon, the 2nd. As the 20th RCT pounded at Japanese tanks in Munoz, the 1st and 63rd attacked toward San Jose, and secured the town on 4 February. Technical Sergeant Donald Rudolph of the 20th Infantry received the Medal of Honor for his role in destroying eight pillboxes and a tank in Munoz. In the fighting, Carl Parsiola, commissioned as a lieutenant in New Guinea, led a patrol that knocked out one tank with a rocket launcher while Parsiola himself dropped a WP (White Phosphorous) hand grenade into the turret of another and killed the escaping crew with his sub-machine gun. He had been awarded the DSC for Maffin Bay, and also received the Silver Star –posthumously.⁶²

Against the Japanese log and concrete bunkers and hill caves the infantry used mortars, machineguns, explosive TNT satchel charges, flamethrowers, rocket launchers, WP and fragmentation grenades, and their M1 Garand rifles and BARs (Browning Automatic Rifles). 37mm antitank guns and quad-50s (four .50 caliber machineguns on a quadruple mount on halftracks) gave added firepower, as did supporting artillery fire, tank gun fire, and air strikes dropping napalm (inflammable petroleum jelly) canisters that sent flaming liquid down into the

⁶² BAR data from Ian V. Hogg, *The Encyclopedia of Infantry Weapons* (NY: Crown Pub. Inc., 1987), 40; 6th Infantry Division, 79-81, 100, 171, 97, 171, 173; Smith, *Triumph*, 199. Oral interview with Deborah Ann Dixon Hanson.

inaccessible recesses. But it was the individual GI who often had to enter the cave mouths and bunkers with his M1, bayonet, and grenade. Sometimes the bunkers and caves were simply sealed over by tanks and bull-dozers and the Japanese defenders died underground.⁶³

For the GIs of the 6th Division, the fighting was exhausting, grueling, dangerous and vicious. It was when the Japanese came out of their defenses in night-time screaming, blood-curdling *Banzai* charges that they were more easily shot down. Meanwhile to the south, the 1st Cavalry Division (Infantry) raced into Manila on 3 February, soon joined by the 37th Ohio “Buckeye” Division, and the 11th Airborne Division converging from around Cavite. General MacArthur announced the liberation of the capital, but there would be a month of brutal street-fighting in which the city was largely destroyed before the ruins were cleared of Japanese.⁶⁴

The 6th Division advanced east to cut off the northern part of Luzon, and by 13 February patrols reached the coast at Baler and Dingalan Bays. The 1st Infantry Regiment was detached to cut across the northern and central parts of the Bataan Peninsula, site of the American and Filipino defeat in 1942. That led to the subsequent infamous “Bataan Death March” when thousands of prisoners died or were executed by their Japanese captors. MacArthur’s flying columns punched through enemy lines and entered the capital on Saturday February 3rd, effectively freeing the nurses and servicemen held in the POW camp at Santo Thomas University. Many of those who survived were near death from starvation, malaria, dengue, beriberi, scurvy, and other debilitating diseases and were overjoyed to see the troops. So much so, that many set their animosity toward MacArthur aside and Edith Shacklette, clothed only in her bathrobe, even kissed him on the cheek. On 12 February the 1st RCT made a long motor

⁶³ 6th Infantry Division, 67, 131.

⁶⁴ Spector, 523-524;

march to Bataan. There they were to advance across to meet the XI Corps forces of Lieutenant General Charles P. Hall which had landed on the western coast 29 January. The Clark Field airbases had been captured the day before, as American forces converged on the Japanese *Kembu* Group defenders. By the 20th, the 1st Infantry reached Bagac on the west coast, isolating southern Bataan and the fortified island of Corregidor. When American forces reached Manila in early March they became witnesses to a terrifying atrocity- with the knowledge that they would soon be forced out the Japanese had begun a campaign of wanton destruction killing more than 100,000 Philippine civilians in what became known as *the Rape of Manila*. This only added to the array of horrific images that would haunt the fever dreams of Dixon and others should they be unlucky enough to face malarial flare-ups.⁶⁵

⁶⁵ 6th Infantry Division, 101-103, 105; Norman, 202-208 ; Spector, 524-5

The Experience of the Belles of Bataan

Unlike in New Guinea, American troops stationed in the Philippines were never completely withdrawn, but told that reinforcements and supplies were on their way in mid-January of 1942. General MacArthur knew that Washington had limited supplies and even less desire to focus its resources in the Philippines, but he had received a letter two weeks earlier that promised to crush Japanese shipping and help for his desperate forces. This help never came and the men were rapidly losing ground. Food became increasingly scarce, leaving the men and women on the island with weakened immune systems as medical supplies began to dwindle. Ruth Straub wrote in her diary on March 15th, “I found worms in my oatmeal this morning. I shouldn’t have objected because they had been sterilized in the cooking and I was getting fresh meat with my breakfast... I’m still losing weight and so are most of us... Drugs are rapidly being used up. No new supplies have arrived. We need quinine desperately.” This is a depiction of only the early part of 1942, just before rations were cut well below 1000 calories per day and medical supplies were almost nonexistent. The stories of these women were not told until 1943, well after their struggle ended and the movie *So Proudly We Hail* was released, with a plot that ignored many of the hardships they faced.⁶⁶

After Bataan fell, the residents of Malinta tunnel on Corregidor had been plagued with the shudder of falling bombs, whistling shrapnel, and the pounding of shells, dirt shaking loose from the ceiling with each impact. On May 6th, General Wainwright was forced to surrender the remaining 8,000 forces on Corregidor to the Japanese. As the Japanese began to loot their new POWs, some of the men became hostile and fights broke out, often ending in the killing and

⁶⁶ General MacArthur, *Headquarters, United States Army Forces in the Far East Fort Mills P.I.* January 15, 1942; Ruth Straub as quoted in Elizabeth M. Norman, 36-38; 65-66.

wounding of multiple prisoners. As concussion blasts continued through the night, and the next morning the Americans were forced to line up and begin a march of their own. The remaining soldiers, nurses, and wounded men formed into a column not knowing where they would go, but all too familiar with the fate of their comrades a month earlier. They soon began work details in multiple different camps throughout the Philippines.⁶⁷

These conditions continued to worsen over the next three years for those stranded on Luzon, but already they were losing their fight against nature. “On March 9 alone, 290 malaria patients were admitted to one of the field hospitals.” When MacArthur was ordered off of Bataan on March 18th, his replacement General Jonathan Wainwright was left facing 250,000 well-fed Japanese soldiers with the combat efficiency of his troops at less than twenty percent. After a more than valiant effort to continue a losing battle, General Wainwright surrendered Corregidor at 10 AM on May 6th, 1942. Seventy-two thousand American servicemen and seventy-seven women from the Army and Navy Nurses Corps were left behind on Bataan and Corregidor. Those who survived the Bataan Death March were held in various prisoner of war camps throughout Luzon until they were freed by American forces, primarily MacArthur’s Sixth Army, after nearly three years of starvation, disease, and neglect at the hands of the Japanese.⁶⁸

Loosely based on the information given to Universal Studio by Nurse Eunice Hatchitt who had been evacuated from Corregidor, *So Proudly We Hail*, was hated by the nurses it was intended to portray, primarily because it did not honestly portray their struggle to stay alive and keep their patients safe. Instead, it made a less pivotal statement about patriotism and framed the

⁶⁷ Joseph A. Petak. *Never Plan Tomorrow: The Saga of the Bataan Death March and Battle of Corregidor Survivors 1942-1945*. (Valencia, CA: Delta Lithograph Company. 1991), 1-3; 15-18.

⁶⁸ Norman, 71-74; 130-131; 200-202.

discussion of their experience in terms of the accepted gender roles of the time. In the movie, the women return and immediately they are trying on high-heels and instead of dealing with the malarial fevers, rickets, scurvy, and the other debilitating diseases they contracted they are concerned with their hair and their figures. Second most problematic was the character Olivia, who is so distraught by the death of her fiancé that she struts toward a platoon of Japanese soldiers with a hand grenade in her cleavage and pulls the pin. The nurses were outraged by this portrayal because most of their experiences with the Japanese involved caring for their wounded and POWs, something they did with pride and dedication, not resentment. The resentment was reserved for the soldiers who kept them in the camps; however, unlike in Nanking there were very few incidents of sexual assault and general cruelty. Starvation and a lack of necessary supplies were the most brutal aspects of their stay in the camp- that and the diseases wrought by a lack of salt, vitamin C, Thiamin, and anti-malarial medication.

When the nurses had moved their charges to Little Baguio, their second location and make-shift jungle camp the majority of the patients were there because they were all coming down with malaria or dysentery as supplies of prophylactics dwindled. Soon most of the nurses were coming down with malarial fevers of 104 or 105 degrees as well, but their work never stopped. As the front lines broke and Bataan fell to the Japanese, the nurses retreated to Corregidor under heavy fire. "Why isn't there any quinine, why isn't there any food... why don't they get us off?" lamented the women trapped in the underground fortress by the ceaseless Japanese shelling. The movie's coverage of wartime malaria falls short in a very important aspect: when the movie ends the struggle of the *Belles of Bataan* was only beginning- and most were not rescued but moved by truck, just past the path of the Bataan Death March, into prison camps only to languish for months as medical supplies continued to be nonexistent and the

women worked with patients through a terrible combination of starvation, fever, and dysentery. These nurses faced slightly lower rates of malaria and starvation than did the soldiers held by the Japanese, however, their experience was nearly as horrific. While they did not personally face combat, they often worked themselves past the point of exhaustion taking care of their charges, despite their miserable physical condition.⁶⁹

⁶⁹ Norman, 112; *So Proudly We Hail*. Produced and Directed by Mark Sandrich. 2 hrs. 6 mins. Universal Studios. 1943.

Mopping Up

In 1945, the rest of the 6th Division, soon joined by the 1st Regiment, was re-deployed to attack the *Shimbu* Group line in the rugged Sierra Madre Mountains east of Manila. Dixon's 3d Battalion advanced up the wooded ravines and steep slopes of Mt. Mataba, taking heavy casualties. On 11 March the 1st Infantry seized Benchmark Hill 8. As the divisional history recounts: "For two long weeks the pattern was repeated in the 1st Infantry sector. Doughs would climb the ridges and scour the draws during the day, occasionally to be driven back by 150mm mortars, only to regain the ground the following day." Dixon and the others were kept up most of the night by noisy banzai attacks that left the perimeters lined with Jap dead, or by stealthy infiltrations that made each rustling leaf seem a potential threat to the weary perimeter guards. Then early the next morning they were off again, combing draws, sealing caves, storming machine gun emplacements or seeking cover from artillery and mortar bursts. In the fighting in these mountains [against the *Shimbu* Group] 20 February to 14 March, the 6th lost 150 KIA and 420 WIA – and 1,600 disabled by sickness or combat fatigue.⁷⁰

Among the casualties were Colonel James E. Rees, commanding the 1st Infantry Regiment, and division commander Major General Edwin D. Patrick himself, both caught in a burst of Japanese machinegun fire from a draw 75 yards away on 14 March. Rees was killed and Patrick mortally wounded, succeeded by Division artillery commander Brigadier General Charles E. Hurdis. On 17 April the 1st Infantry's 3d Battalion attacked the north end of Woodpecker Ridge north of Mt. Baytangan and captured it by the 18th, but with over 100 battle

⁷⁰ Smith, *Triumph*, 378; 6th Infantry Division, 114; Smith, *Triumph*, 384.

casualties during the two days. The ridge was named for the constant chatter of the Japanese machineguns.⁷¹

The 63d Infantry finally secured Mt. Mataba, and Mt. Pacawagan was cleared by the 29th [April]. Operations against the *Shimbu* Line from 25 March to 30 April killed 2,394 Japanese counted, but cost the 6th Division 107 KIA and 569 WIA. It was 112 days of uninterrupted combat from the landing at Lingayen on 9 January to its relief on 30 April, and the men were exhausted.⁷²

It was also demoralizing to realize that the war had passed beyond the Philippines. In February, the Marines had landed on the volcanic island of Iwo Jima 660 miles from Tokyo, and on 1 April Army troops landed on Okinawa in the Ryukyus. Yet the stubborn Japanese continued to hold out in their bunkers and caves throughout the Philippines and combat operations had to continue to free the nation. At the 67th Commemoration for the fallen American and Japanese soldiers who perished in the fighting on Iwo Jima or from malnutrition and dehydration, the Japanese consulate poured water of the memorial- symbolically ensuring that their ancestors would have the water they lacked in life. USMC David Greene became teary-eyed as he spoke about the 22,000 Japanese who fought on the Island, only two-hundred and sixteen of whom survived. Each time he spoke about the war he made sure to remind the listener that he was just lucky enough to be around to tell the stories of the nearly 7,000 American servicemen who perished on the sulfuric island.⁷³

The 6th Division was involved in mopping up operations, the 1st Infantry's 3d Battalion along the west coast of Zambales Province. By 12 June most of the division was trucked north to

⁷¹ 6th Infantry Division, 114, 121; Smith, *Triumph*, 392.

⁷² 6th Infantry Division, 121-122.

⁷³ Oral Interview with USMC David Green. Iwo Jima, 2012.

join the offensive to destroy the 14th Area Army's *Shobu* Group under the command of Yamashita himself in the Cordillera Mountains of Luzon. Ten American divisions were involved in defeating the Japanese in the Philippines. To get supplies up to the troops in the mountains, some over 6,000 feet in altitude, and evacuate casualties back down, engineers had to excavate cliff-hanging roadways, jeeps being slung on cables around impassable places, while Japanese snipers, ambushes, machineguns and mortars took their toll. On 29 July Corporal Melvin Mayfield of the 20th Infantry was awarded the division's second Medal of Honor [Donald Rudolph the first] for inspiring two attached Filipino guerrilla companies in an attack under heavy fire.⁷⁴

Now there were torrential downpours of the summer monsoon, and non-battle casualties increased with the high fly population and the inaccessibility of potable water. Vicious fighting continued in the ravines and caves until a cease-fire was announced on 15 August that, following the dropping of two atomic bombs, meant the Japanese had surrendered. 219 consecutive days of combat on Luzon cost the division 853 dead, 3,122 wounded or disabled, and 6 missing in action. Serving overseas for more than two years, with 306 days total in combat, on New Guinea and on Luzon, of its authorized strength of 14,218 [T/O&E 7], the 6th Infantry Division lost 1,174 dead, 3,876 wounded or disabled, and 9 missing.⁷⁵

As the 6th pulled out of the grim hills, Sightseers with high points were finally able to go home to be discharged. Points were tabulated as the ASR (Advanced Service Rating) score as of 2 September 1945, based on length of service, time overseas, combat, campaign credits, citations, marital status and dependents, and any time lost under AW 107 (infractions under the

⁷⁴ 6th Infantry Division, 123, 125, 137, 171; Smith, *Triumph*, 577.

⁷⁵ 6th Infantry Division, 137, 152.

Articles of War). Arthur Dixon of Company K, 3d Battalion 1st Infantry Regiment, was one of those with high points with 76, and no days lost under AW 107. He departed the Asiatic Pacific Theater 2 November 1945. Originally scheduled for occupation duty in defeated Japan, the division's mission was changed to disarm the Japanese forces in Korea. On 10 October the 6th steamed out of Lingayen Gulf to Inchon, the port for Seoul, on Korea's west coast, where it would be stationed in southern Korea through 1946. Dixon had been admitted to Army hospitals on three occasions: once on 6 April 1945 for gastro-enteritis, a second time on 18 May 1945 with no clear diagnosis, and once on 10 July 1945 for Dengue Fever. Before leaving the region he also received smallpox and typhoid immunization shots in November, and it is unknown if he departed from Korea or from the Philippines. Though there is no distinct reference to malaria in his records at this time, late onset was common, especially once soldiers were no longer on supervised prophylaxis regimens.⁷⁶

⁷⁶ Dixon's Discharge Record, section 55; Departure Date "Not Available" in Section 36, but deduced from section 37; 6th Infantry Division, 152; Discharge Record, section 35; 3 Archived Hospital Records, Dixon was identified by his serial number as these were compiled solely for statistical purposes.

Heading Home

While in Korea in October of 1945, Russell McLogan received news that his grandfather had passed away: a crushing blow even for a man who had recently seen so much death. Having stopped his regimen of his own accord, McLogan soon began to experience severe bouts of fever, chills, and vomiting. One of the company medics suggested that he resume taking the tablets to stop the malaria symptoms even though there were no mosquitoes at their post in Korea. After these symptoms subsided again he admitted to having given up on taking the prescribed Atabrine tablets because he disliked the color it turned his skin and the other unpleasant side-effects.

McLogan had previously had another severe case of recurrent malaria when he stopped taking his prophylactics in July and had been sent to an area hospital. The fever and chills were so intense that he felt as if he was going insane. And during the time between July and September of 1945, Private Russell E. McLogan was hospitalized for a leg wound and he stated that there were only one hundred and four cases of the disease during his stay. While at the hospital on the island of Leyte he was witness to one of the USO shows featuring Kay Kayser and the Kollege of Musical Knowledge where they performed their hit “Ac-cen-tuate the Positive.” This was an event that many of his companions in the region would not be privy to.

A week later he returned to duty feeling depressed and lethargic, while also lamenting having missed an accommodation ceremony for the heroic actions of his 3rd battalion the 63rd during their combat near the *Shimbu* line north of Manila on the Island of Luzon. Having had yet another bout in 1946, on his last night of guard duty, he was still fighting off the after effects of the malaria attack, he began to doze and was luckily awakened by another soldier who reminded him that he could still, in August of 1946, be shot for sleeping on guard duty. Luckily, he soon

began his journey home. After arriving home, he filed for disability with the help of a Red Cross volunteer. He was granted thirty percent for the gunshot wound he had sustained to his leg and another ten percent for his recurring bouts with malaria. The military rescinded his disability for the malaria three years later after a prolonged period without relapse. Such short spans of recurrent malaria were common in soldiers returning from this region, though in some cases the effects would last years and even decades after returning.⁷⁷

Unlike Russell McLogan, Private First Class Arthur F. Dixon made it home sooner, as he had already served the minimum of two years. Having received his mandatory smallpox, typhoid, and flu vaccinations overseas he returned to the states by 2 December 1945, arriving at Camp Atterbury, Indiana eight days later. He was released from duty on the 15th of December, 1945. He spent a short time with his new wife at his parent's farm in New Madison, Ohio. In an interview with his youngest and now only living sibling, Betty Dixon, she stated that when Arthur first returned home he was plagued by recurring bouts of extreme fever, chills, vomiting, and sweating so profuse that it became necessary to change the bed sheets multiple times each night, even in the dead of winter. During these early flare-ups, Dixon experienced fevers that reached 104 degrees, a level where brain damage could easily have resulted.⁷⁸

⁷⁷ McLogan, 334-335, 345-347, 349-352, 263-363.

⁷⁸ Informal and unrecorded interview conducted by the author with the subject's sister during a chance meeting at the funeral of another relative.

Information for Families

Much like the message conveyed through *So Proudly We Hail*, during the latter portion of the war, a media campaign began to inform the public of how quickly malarial rates had fallen. Not surprisingly when it was admitted publicly that malarial rates were still dangerously high, it was declared to the American Public side by side with a reduction in something less socially acceptable –venereal disease. “Malaria the most widespread disease to which American troops are exposed, has increased during 1943 despite the relentless battle being waged by the medical department”, according to the *Chicago Daily Tribune*. Very little else regarding malaria is said, it is simply followed by a discussion of just how much lower rates of venereal disease have been for this war and that “ deaths after treatment among the armed forces have averages less than 2 ½ percent, the lowest rate in the history of warfare.” While the latter is a major accomplishment, it seems misleading to offer such accomplishments in lieu of an explanation for an increase in disease rates. On the other hand, when the rates began to fall *The New York Times* reported that the number of cases declined by 1945 to 1/6 the number of cases that were being admitted between 1942 and 1943. The number of cases per 1,000 dropped from 1,000 to ten. Though coverage of the struggles against malaria in the Pacific had been sorely limited the worst period, with rates this low there was a flood of articles of every sort compounding the military’s success in reducing the incidence of malaria.⁷⁹

Dr. William McDowell Hammon stated in 1944, “Veterans returning from tropical combat areas infected with malaria may expect between 2 and 15 relapses of the disease, but under competent medical care the cases will prove more of an inconvenience than a permanent

⁷⁹ “Malaria gains, But Army Cuts Venereal Cases”. *Chicago Daily Tribune*, October 7, 1943; “Malaria Rate Drops for Overseas Troops.” *New York Times*, May 8th, 1945.

menace to health.” Public announcements like this were incredibly helpful to the families of returning veterans attempting to cope with a disease they knew little about.⁸⁰ There is no clear way to stop malaria attacks or to prevent them entirely, but the drug *Atabrine* can eliminate the fever and chills of an attack, as well as suppress attacks for long periods of time, according to a Red Cross pamphlet given to the families of returning soldiers. *Atabrine* is a dye and so it may cause some side effects that seem shocking at first. It can create a yellowing of the skin and eyes, but this faded a few weeks after the individual stopped their regimen. All soldiers were given this drug during their time overseas when they entered an area of concern.

As we see from the experience of Dixon, McLogan, and nurse Hatchitt, and others in this region, this ailment could be terrifying not only to the soldier, but also to parents and family members who had likely never before seen malaria. The families of those afflicted with malaria were given a pamphlet in April of 1946 called “Malaria... Information for Families and Friends of Veterans”, which was distributed by the Red Cross. The remainder of this section focuses on information contained in his particular pamphlet as it was the most widely distributed. It opens by stating that the purpose of the pamphlet is to clarify the realities of malaria amidst a wealth of gossip and rumors. One of the first realities described by the pamphlet is that despite the fact that malaria can reoccur, most did not know that this was only true of some types of malaria. Malaria is carried by a particular type of mosquito known as the *Anopheles*. This was a serious problem as there were many of these mosquitoes in some of the tropical countries where American servicemen were stationed. It explains that there was an attempt to remove these pests by sending men in advance to use DDT, drain swamps, and trying to clean up the breeding grounds of such

⁸⁰ “Preventives Make Malaria Less of Menace”. *The Washington Post*, Mar 5, 1944.

insects. Sadly, often times it was not possible to send teams ahead as the men did not have enough personnel or supplies to clear and then keep their area mosquito free.

According to the pamphlet, “Malaria may be painful weakening, and uncomfortable. But if it is treated properly it does the patient no permanent harm.”⁸¹ As we will see in the case of Arthur Dixon, this fact and many other assurances in this document were highly circumspect, but the information given overall was still an invaluable resource for confused and frustrated families. There are several strains of this disease discussed in the pamphlet and the most severe of them, *malignant tertian malaria*, generally does not reoccur and could be completely cured. On the other hand, the less severe types can and often did come back. For *benign tertian malaria*, the most common form contracted by servicemen and women, it might return but with each attack it became milder and is generally gone within three years. *Quartan malaria* was far less common but when contracted its reoccurring flare-ups tended to last much longer. Thankfully, the number of such attacks tended to be fewer than with other types as they were more spaced out. Attacks of malaria would keep a man at home and from working for only a short time. For a while thereafter he might be weak, but in between such attacks, malaria would have little to no impact on him.⁸²

The Red Cross pamphlet also advised that during periods when malaria was not active it was important for families to make sure that their veterans were eating and sleeping properly, getting adequate exercise and enough fresh air, and avoiding heavy drinking. With all of these factors, these returning veterans were better equipped to handle an attack, though there were no known triggers at the time and thus little else to prevent such onslaughts. If an attack of the

⁸¹ Red Cross. *Malaria... Information for Families and Friends of Veterans*. ARC 1274. April 1946.

⁸² *Ibid.*, 3-4.

ailment should arise it was important for family members to know that they could not get malaria from the person directly but that it could still be spread by mosquitoes. For this reason, properly screening a house and clearing out drainage pools was very important. The last factor discussed was making certain that the patient understands that malaria will not last forever and remain hopeful that they will soon be cured. This pamphlet gave information to caregivers who were often at a loss for how to handle such a situation, but as we will soon see, this strict optimism was not always practical. This was especially true for those with *vivax malaria* as prolonged doses of *Atabrine* did not cure this form and relapses generally began within one to two months after the patient stopped taking it. It did however generally cure *falciparum malaria* so long as the dosage was continued for more than four weeks after last exposure.⁸³

⁸³ Ibid., 4-8.

Dixon's Postwar Struggles

From the time of discharge, Arthur Dixon began working for the Crosley Corporation in Richmond, Indiana as a maintenance man, working to keep the boilers and equipment used to make radios and refrigerators operational. He continued working here through April of 1946, when he had to quit because he was “unable to hold a full-time job due to recurring attacks of malaria.”⁸⁴ This prevented him from working for nearly a year. An individual inclined to be productive whatever the condition, Arthur set about building a home during the periods when he was not immobilized by the disease and worked as many odd jobs as he was able. He completed this project and 1041 Wayne Avenue in Greenville, Ohio became the Dixons' new home. For the next four years he would continue to struggle with the disease, but this ambitious young man bought a truck and began delivering grain and other supplies whenever he was not incapacitated. Like McLogan he also received a monthly, service-related disability stipend of ten percent of his previous service pay. Though Dixon's records do not state a specific reason, McLogan makes clear that his was issued specifically for his malaria. Russell McLogan healed much sooner, but Dixon would continue to struggle with these malaria flare-ups on and off during the next two decades and beyond.

On February 28th, 1951 Arthur was hired by the Sater Corporation, a subsidiary of Detroit Tap & Tool, and operated “grinders, milling machines, lathes, and worked in the heat treating room as necessary” for the manufacture of automotive taps. In the fall of 1957 an economic recession hit Darke County, Ohio. He continued to work here until he was laid off in January of 1958 as the company began to receive fewer and fewer orders. He remained unemployed through

⁸⁴ Dixon, Arthur F. *Application for Civil Service Position Signed October 23, 1961*. In the possession of the Author.

the winter and was forced to sell his house and move his family into a rental home in Palestine, Ohio.

In April of 1958, frustrated by the recession and the lack of work in Ohio, he moved his family again, this time to Georgia, where his wife Kathryn Dixon was raised. He applied to the Warner Robbins Air Force Base south of Macon and began working with a temporary civil service appointment as a fork lift driver on May 19th, 1958. He continued to work here until this appointment ended on June 30th. The Air Force Base continued to be of help even after this job ended, as they put him in touch with a corporation that remodeled houses and he worked as a laborer until November. While living in Warner Robbins, Georgia, and working another temporary appointment with the AFB he applied for work at the Newark Air Force Base on 22 October, 1961. He then used his vacation time and came back to Ohio to interview for the position. Having been offered the position, in July of the next year he moved back to Ohio, where he would stay indefinitely.⁸⁵

Though Dixon's condition was far rarer than others, the recurrence of malaria and some of its most painful effects can be seen here. The inability to work steadily during an era when a man's sole purpose was to provide for and raise a family was devastating to his self-esteem and mental health. However, this was only the first instance where Arthur Dixon struggled to maintain a sense of societal normalcy and in 1972 he was admitted to the Dayton, Ohio VA

⁸⁵ Department of Veterans Affairs. VA Form 21-8741-1. *Benefits Increased for file number 8 544 667: Arthur F. Dixon*. December 27, 1994. In the possession of the author; Office of the Surgeon General; *Hospital Admission Card Date, Under Service Number: 35127813*. 1945. Copies of the three separate documents under this heading are in the possession of the Author and original held by the Office of the Surgeon General; Kathryn Dixon. *This is Your Life Arthur Franklin Dixon*. March 1978. Also in the possession of the Author.

(Veterans Administration) hospital for a nervous-breakdown. Having been diagnosed with undifferentiated schizophrenia at the visit in 1972, his condition continued to deteriorate until he was forced to retire fully in 1977. It was in a short speech written to commemorate his service, both military and civil, and delivered at his retirement party in 1978 that his wife Kathryn summarized her conclusion:

It was determined that Ann (that dreaded mosquito) had left its mark. The extremely high fever suffered earlier over such a long period of time had severely damaged his nervous system and was becoming more and more apparent as time passed. The precise measurement needed for the job he was doing-- from five to twenty-five millionth of an inch – he could no longer tolerate.⁸⁶

His diagnosis and the various treatments for it were all tried with minimal success and produced a marked reduction in functionality. Though he missed the experimental phase of Pacific Theater malaria treatments, he was on the wrong side of the experimentation that characterized the field of psychology well into the late eighties and early nineties. Arthur Dixon passed away 14 August 1999 at the age of eighty.⁸⁷

For the remainder of the 6th Infantry Division, the experience of returning home varied as much as that of these examples; however, their hellish experience while fighting the Japanese in the Pacific was incredibly similar no matter which specific battles they were engaged in. Each soldier faced the difficult terrain of New Guinea and Luzon, with their jungle, coral, and impassable mud making even the simplest tasks tedious. The tropical climate created the perfect setting for the wealth of insects which they combated while never dry thanks to either sweat or rain. These diseases and the climate and terrain which contributed to them were likely the most crushing blow to troop morale, as they added to the extreme burden of minimal nutrition and

⁸⁶ Kathryn Dixon. *This is Your Life Arthur Franklin Dixon*.

⁸⁷ U.S. Civil Service Commission. *For Employee Disability Retirement Purposes Civil Service Retirement System*. FPM Supplement 831-1. July 1972.

sleep. This created a lethal mix, resulting in numerous deaths, which continued the downward spiral, making the situation seem far more hopeless than it had before. Through the valiant actions of some these periods of depression were briefly lessened. And even victory in the Pacific to many did not appear to be an unsullied victory over the enemy, not at such a high cost on both sides. But it was a victory that got them out of the Pacific and, if they survived, eventually back home.

As the war came to a close and soldiers began to present with fewer incidences of malaria, the tone of the press became first one of triumph, reiterating the success of late in the war, and then a sense of hopefulness emerged. “United States is on the verge of completely ending malaria in this country,” announced *the Washington Post* in December of 1948. They proposed that with three more years of DDT use, there would be no more mosquitos to carry the virus. While the disease is almost completely eradicated within the country today, soldiers and international travelers are still at an increased risk and the anti-malarials available to Americans, still cause many of the same side effects that were so problematic in the 1940s. In May of 1948, forty-one nations came together for the Fourth International Congress on Tropical Diseases. More than 2,000 delegates attended this meeting to share knowledge on the subject of malaria and other communicable diseases. Another article proposed that any one of the six prophylactics studied during the quinine shortage could offer a cure for malaria. The six drugs: Pentaquine, Isopentaquine, Paludrine, Chloroquine, Sontoquine, and Pamaquine were all part of the discussion at the Congress on Tropical Diseases. Cholorquine is one of the most commonly prescribed anti-malarials today and while it is far from a cure it does allay many of the symptoms.⁸⁸

In 1946, *the Washington Post* reported that a superior drug had been discovered. This new drug was said to not dye the skin as does Atabrine, not cause buzzing in the ears as does quinine, nor did the new drug make the patient sick to their stomach as was the case with both of the previous remedies. The tests at this point were inconclusive, though promising. The drug that had not yet been given a name was one of many researched during the war and may well have been a precursor for the rumored super drug in the latter part of the decade. On August 7th 1949, University of Chicago officials stated that the recent rumors of a permanent cure to malaria were both inaccurate and premature. Dr. Lowell T. Coggenshall states that there are many obstacles that still must be overcome and that “it definitely is not a one pill proposition.”⁸⁹

To date no cure has been discovered for malaria, although just recently there was some discussion on Fareed Zakharias GPS that a new vaccine is in the works and may soon offer the long promised ‘cure’ to a seemingly incurable disease. As developments have been made in the field of malariology the discussion surrounding the disease has changed drastically over the last century. At first we were being warned about ways to avoid the toxic bad air, though these methods were still thankfully able to subvert the actual cause of the disease, they did little to improve our understanding. As we moved into the period of WWII and faced a shortage of quinine, new drugs filled the void and promised a more tangible means of treatment after staggering losses in the Philippines. This research may have been conducted in unsavory ways—inducing malaria in prisoners who volunteered in order to receive a shorter sentence and mental

⁸⁸ “End of Malaria in U.S. Seen Near.” *The Washington Post*, Dec 16, 1948; 6 War Drugs Hailed as New Malaria Hope.” *The Washington Post*, May 15, 1948; “World Session On Malaria Opens Today: 41 Nations Attend Tropical Medicine Discussions Here,” *The Washington Post*, May 10, 1948.

⁸⁹ “Biologist Assails Malaria 'Cure' As 'Premature.’” *The Washington Post*, Aug 8, 1949; Frank Carey. “'Superior' Malaria Drug Is Developed: 'SN 7618' Said to Relieve Acute ...” *The Washington Post*, Jan 4, 1946.

patients - but the improvements it promised were real. With new anti-malarial drugs the public began to slowly hear more about our success in slowing the spread of the disease and other small triumphs in disease prevention. Next the discussion turned to ensuring that returning soldiers were being cared for in a way that would prevent the spread of malaria while also minimizing their discomfort. After a short period of naïve promises of a cure we are now stuck in a reoccurring theme where a cure for the disease seems promising, but then failed to provide the necessary follow-through. New advancements in isolating the gene associated with sickle-cell anemia and malaria resistance may offer promise in the form of this new vaccine.

Before World War II knowledge of malaria was growing, but slowly and often information was conveyed to the public in vague or uncertain terms. The public perception of malaria was surprisingly well informed throughout the war, primarily because of the necessity of public awareness as a preventative measure and the concerted effort on the part of the US government to combat the disease. However, the government did not inform the public of some of the worst instances of malaria were not communicated until later when it was well controlled. After the war, the tone in many newspapers was one of triumphant reflection- acknowledging the dangerous ways research was conducted during the war while still highlighting the gains that were made.

Sadly, this enthusiasm for social improvements or even the previously popular biological methods waned, and by 1969 the World Health Assembly came to the conclusion that while total eradication was still their ideal goal it had to be accomplished through the use of control strategies. By shifting the focus of such efforts away from prevention, there is very little progress being made at the moment and what progress is made tends to be temporary. To find a permanent solution to malaria, it is necessary to improve the social conditions of the region, even

if only enough for them to maintain their own prevention programs. To do so, vector control methods must begin after the citizens have been educated on the disease and begun a prophylactic regimen. Only through these methods, or an incredible development in research, can the problem truly be solved.⁹⁰

⁹⁰ Johnson, M.D, J.B., “*Malaria: The Conditions Under Which This Popular Disorder is Created*”. The Washington Post, Dec 4, 1881; Packard 173-175; Lieutenant General Leonard D. Heaton, *Preventative Medicine in World War II. Vol. VI. Communicable Diseases: Malaria* (Washington D.C.: Office of the Surgeon General Department of the Army, 1963) 565-566.

BIBLIOGRAPHY

Oral Interviews:

Bentley, Roy Glen II
 Bentley, Sherry Dixon
 Bentley, Mathew Roy
 Best, Diana
 Crumrine, Wesley
 Dixon, Betty
 Hanson, Deborah Dixon
 Dixon, Kathryn Price
 Dixon, Phyllis Del Cecato-
 Dixon, Ronald Arthur
 Dye, USMC Captain Dale
 Green, USMC David
 Kozlawski, Thomas
 LaNeir, Joseph Conklin II
 Price, Robert
 Price, Queen Elizabeth
 Roberts, Linda Dixon
 Stephen, Gloria Price

Sources:

“6 War Drugs Hailed as New Malaria Hope.” *The Washington Post*, May 15, 1948.

A&E Productions, *The History Channel Presents: The Bataan Death March*. New York: New Video Group, 1996.

Abramovitz, Melissa. *Diseases and Disorders: Malaria*. Framington Hills, MI: Lucent Books. 2006.

“A Meditation on Malaria.” *The Washington Post*, May 12, 1881.

The American Legion Magazine, “The Blaze of ’73,” February 2007, 36-40.

Army of the United States. *Record of Soldiers’ Discharges: Honorable Discharge of Arthur Franklin Dixon, 1945*. Greenville, OH: Office of the County Recorder, 1946, 05413. In the possession of the author.

Beardwood, Jack B, Associated Press Staff Writer. “U.S. Will Seize Nazi Patents to Beat Malaria.” *The Washington Post*, May 3, 1942.

- Bergerud, Eric. *Touched with Fire The land War in the South Pacific*. New York: Penguin Books, 1996.
- “Biologist Assails Malaria 'Cure' As 'Premature.’” *The Washington Post*, Aug 8, 1949.
- Carey, Frank. “'Superior' Malaria Drug Is Developed: 'SN 7618' Said to Relieve Acute ...” *The Washington Post*, Jan 4, 1946.
- CDC. *The History of Malaria, an Ancient Disease*. November 9, 2012.
<http://www.cdc.gov/malaria/about/history/> (accessed April 10th, 2013)
- Clendening M.D, Logan, “World Quinine Supply Ample to Fight Malaria”, *The Washington Post*, May 7, 1943.
- Condon-Rall, Mary Ellen. *Malaria in the Southwest Pacific in WWII, 1940-1944*, 51-70 as found in Roy M. Macleod ed. *Science and the Pacific War*. Great Britain: Kluwer Academic Publishers, 2000.
- Craig, Colonel Charles F. *The Journal of the National Malaria Society*. Volume II, Number 2. Tallahassee, FL: National Malaria Society. 1943.
- Cutter, Dr. Irving S. “Science Curbs Malaria Peril: Quinine Effective Remedy; Symptoms Recede Rapidly After Taking.” *The Washington Post*, May 24, 1935.
- Dixon, Arthur F. *Application for Civil Service Position Signed October 23, 1961*. In the possession of the Author.
- Department of Veterans Affairs. VA Form 21-8741-1. *Benefits Increased for file number 8 544 667: Arthur F. Dixon*. December 27, 1994. In the possession of the author.
- Dower, John W. *War Without Mercy: Race and Power in the Pacific War*. New York: Pantheon Books, 1986.
- Dixon, Kathryn. *This is Your Life Arthur F. Dixon*. Presented by Deborah Dixon Hanson, 1978.
- Dyess, Lt. Col. William E. *Bataan Death March: A Survivor's Account*. Toronto, Canada: Logmans, Green & Co., Toronto. 1944.
- “End of Malaria in U.S. Seen Near.” *The Washington Post*, Dec 16, 1948.
- Gailey, Harry A. *MacArthur's Victory: The War in New Guinea, 1943-1944*. New York: Presidio Press. 2004.
- Gailey, Harry A. *The War in the Pacific*. Novato, CA: Presidio, 1997.

- Green, Michael and Gladys. *World War II Chronicles: Victory in the Pacific*. New York: Michael Friedman Publishing Group Inc., 2000.
- Heaton, Lieutenant General Leonard D. *Preventative Medicine in World War II. Vol. VI. Communicable Diseases: Malaria*. Washington D.C.: Office of the Surgeon General Department of the Army. 1963.
- Hogg, Ian V. *The Encyclopedia of Infantry Weapons*. NY: Crown Pub. Inc., 1987.
- Howard, L.O. "Malaria And Mosquitos: Modern Science Holds the Insect Pest Responsible for a Prevalent Malady." *The Washington Post*, Apr 21, 1901.
- "Is Malaria a Myth? Its Prevalence Stated By Physicians to Be Overestimated." *The Washington Post*, Nov 9, 1881.
- Johnson, M.D, J.B., "Malaria: The Conditions Under Which This Popular Disorder is Created." *The Washington Post*, Dec 4, 1881.
- "Malaria Gains, but Army Cuts Venereal Cases." *Chicago Daily Tribune*, Oct. 7th, 1943.
- "Malaria Rate Drops for Overseas Troops." *New York Times*, May 8th, 1945.
- Mansoor, Peter R. *The GI Offensive in Europe: The Triumph of American Infantry Division, 1941-1945*. Lawrence, Kansas: University Press of Kansas, 1999.
- Marcus, Bernard. *Deadly Diseases and Epidemics: Malaria*. Philadelphia, PA: Chelsea House Publishers. 2004.
- McLogan, Russell E. *Boy Soldier: Coming of Age during WWII*. Reading, MI: Terrus Press. 1998.
- Norman, Elizabeth M. *We Band of Angels: The Untold Stories of American Nurses Trapped on Bataan by the Japanese*. New York, NY: Random House Books. 1999.
- Office of the Surgeon General. *Hospital Admission Card Date, Under Service Number: 35127813*. 1945. Copies of the three separate documents under this heading are in the possession of the Author and original held by the Office of the Surgeon General.
- Packard, Randall M. *The making of a Tropical Disease: A Short History of Malaria*. Baltimore, MD: The Johns Hopkins University Press, 2007.
- Petak, Joseph A. *Never Plan Tomorrow: The Saga of the Bataan Death March and Battle of Corregidor Survivors 1942-1945*. Valencia, CA: Delta Lithograph Company. 1991.
- "Preventives Make Malaria Less of Menace." *The Washington Post*, Mar 5, 1944.

- Reister, Frank A. *Medical Statistics in World War II*. Washington D.C.: Office of the Surgeon General Department of the Army. 1975.
- Rocco, Fiammetta. *The Miraculous Fever Tree: Malaria and the Quest for a Cure that Changed the World*. New York, NY: HarperCollins Publishers Inc. 2003.
- Sixth Infantry Division, Public Relations Section. *6th Infantry Division In World War II 1939-1945*. Nashville: The Battery Press, 1947.
- So Proudly We Hail*. Produced and Directed by Mark Sandrich. 2 hrs. 6 mins. Universal Studios. 1943.
- Smith, Clarence McKittrick. *The Medical Department: Hospitalization and Evacuation, Zone of Interior*. Washington: Office of the Chief of Military History, Dept. of the Army, 1956.
- Smith, Robert Ross. *The Approach to the Philippines*. Washington, D.C.: Center of Military History, United States Army, 1996.
- Smith, Robert Ross. *Triumph in the Philippines*. Washington, D.C.: Center of Military History, United States Army, 1991.
- Spector, Ronald H. *Eagle Against the Sun*. NY: Vintage/Random House, 1985.
- Stanton, Shelby. *Order of Battle*. Novato, CA: Presidio Press, 1984.
- Tenney, Lester I. *My Hitch in Hell: The Bataan Death March*. Dulles, Virginia: Brassey's Inc. 2000.
- U.S. Civil Service Commission. *For Employee Disability Retirement Purposes Civil Service Retirement System*. FPM Supplement 831-1. July 1972.
- Williams, Louis L. Jr. M.D, "Malaria Control in the War Areas" in *The Journal of the National Malaria Society*. Volume II, Number 2. Tallahassee, FL: National Malaria Society. 1943.
- "World Session On Malaria Opens Today: 41 Nations Attend Tropical Medicine Discussions Here." *The Washington Post*, May 10, 1948.

Appendix:

PHYSICIAN'S STATEMENT		CIVIL SERVICE RETIREMENT SYSTEM	
PART A—TO BE COMPLETED BY APPLICANT			
INSTRUCTIONS 1. Complete Part A and give this form to your physician. He should complete Part B and mail it to the address you furnish in Item 9, below. 2. As an applicant, you are responsible for paying any expense incurred in completing this form.			
1. PRINT OR TYPE FULL NAME (Last, First, Middle)	2. DATE OF BIRTH (Mo., Day, Yr.)	3. SOCIAL SECURITY ACCOUNT NUMBER	
DIXON, ARTHUR F.	02-05-19	270-16-1040	
4. ADDRESS (Including ZIP Code)		5. TELEPHONE NUMBER (Including Area Code)	
867 Terrace Drive Heath OH 43055		614- 522-4375	
6. TITLE OF FEDERAL (OR D.C.) GOVERNMENT POSITION OCCUPIED AND BRIEF DESCRIPTION OF DUTIES			
See Attached Position Description			
7. BRIEFLY DESCRIBE YOUR DISABILITIES, STATE WHEN INCURRED, AND HOW THEY INTERFERE WITH PERFORMANCE OF THE DUTIES OF YOUR POSITION			
Hospitalized in May 72 for nervous breakdown. Hospitalized in Dec 76 Jan 77 and Jul 77. Physical and mental condition has progressively deteriorated. Increase in medication causes me to be unable to concentrate. Doctor recommended stop work on 25 August 1977.			
8. RELEASE OF MEDICAL INFORMATION	I authorize the release of this statement and related medical information to my employing agency and the U.S. Civil Service Commission.		
	SIGNATURE	DATE	
	Arthur F. Dixon	26 Aug 77	
9. IN SPACE BELOW, ENTER THE EXACT NAME AND ADDRESS (INCLUDING ZIP CODE) OF YOUR EMPLOYING OFFICE.			
2803 ABG/DPOE NEWARK AFS OH 43055			
ADDRESS TO WHICH PHYSICIAN SENDS STATEMENT			
PART B—TO BE COMPLETED BY PHYSICIAN			
INSTRUCTIONS 1. Report in detail the clinical symptoms and findings upon which your diagnosis and conclusions are based. A complete and objective report may permit a decision on the claim for disability without need for further examination and inconvenience to the applicant. 2. Send the completed form to the office named by the applicant in Item 9, Part A. Please mark envelope "Disability Retirement-Privileged-Private."			
MEDICAL HISTORY			
1. HOW LONG HAS APPLICANT BEEN UNDER YOUR PROFESSIONAL CARE FOR THE INDICATED DISABILITY? (Give dates)		2. WHEN DID YOU LAST SEE THE APPLICANT FOR EXAMINATION OR TREATMENT? (Give dates)	
Since 9 Jan 1977		1 Sept 1977	
3. IF APPLICANT IS CURRENTLY HOSPITALIZED OR HAS BEEN HOSPITALIZED RECENTLY, PLEASE FURNISH:			
NAME AND ADDRESS (INCLUDING ZIP CODE) OF HOSPITAL OR OTHER MEDICAL FACILITY		DATE OF DISCHARGE	DATE OF ADMISSION
Licking Memorial Hospital 1320 W. Main Street Newark, Ohio 43055		13 Aug 77	17 Jul 77
PLEASE ATTACH SUMMARY REPORT OF HOSPITALIZATION OR ABSTRACT OF HOSPITAL RECORDS			
PHYSICIAN: PLEASE COMPLETE OTHER SIDE OF THIS STATEMENT ALSO			
2801-306		Standard Form 2801-B	



VETERANS ADMINISTRATION

REGIONAL OFFICE
209 EAST 6TH STREET
CINCINNATI 2, OHIO

June 22, 1960

YOUR FILE REFERENCE:

IN REPLY REFER TO: 3024/29
C-8 544 667

Mr. Arthur F. Dixon
409 Cherokee Drive
Warner Robins, Ga.

Dear Mr. Dixon:

The following certificate is furnished for your use in establishing Civil Service preference.

This is to certify that the records of the Veterans Administration disclose that **Arthur F. Dixon** is in receipt of disability compensation on account of service connected disability. This payment is made in accordance with public laws administered by the Veterans Administration. The records of the Veterans Administration show that the veteran was discharged under honorable conditions.

Very truly yours,

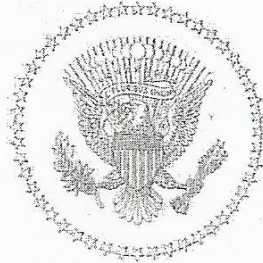
for *Clint M. Jankusky*

W. EVERETT FAST
Contact Officer

~~CONFIDENTIAL~~

FL VB 8-802
Aug 1956

An inquiry by or concerning an ex-service man or woman should, if possible, be referred to the nearest Veterans Administration office.

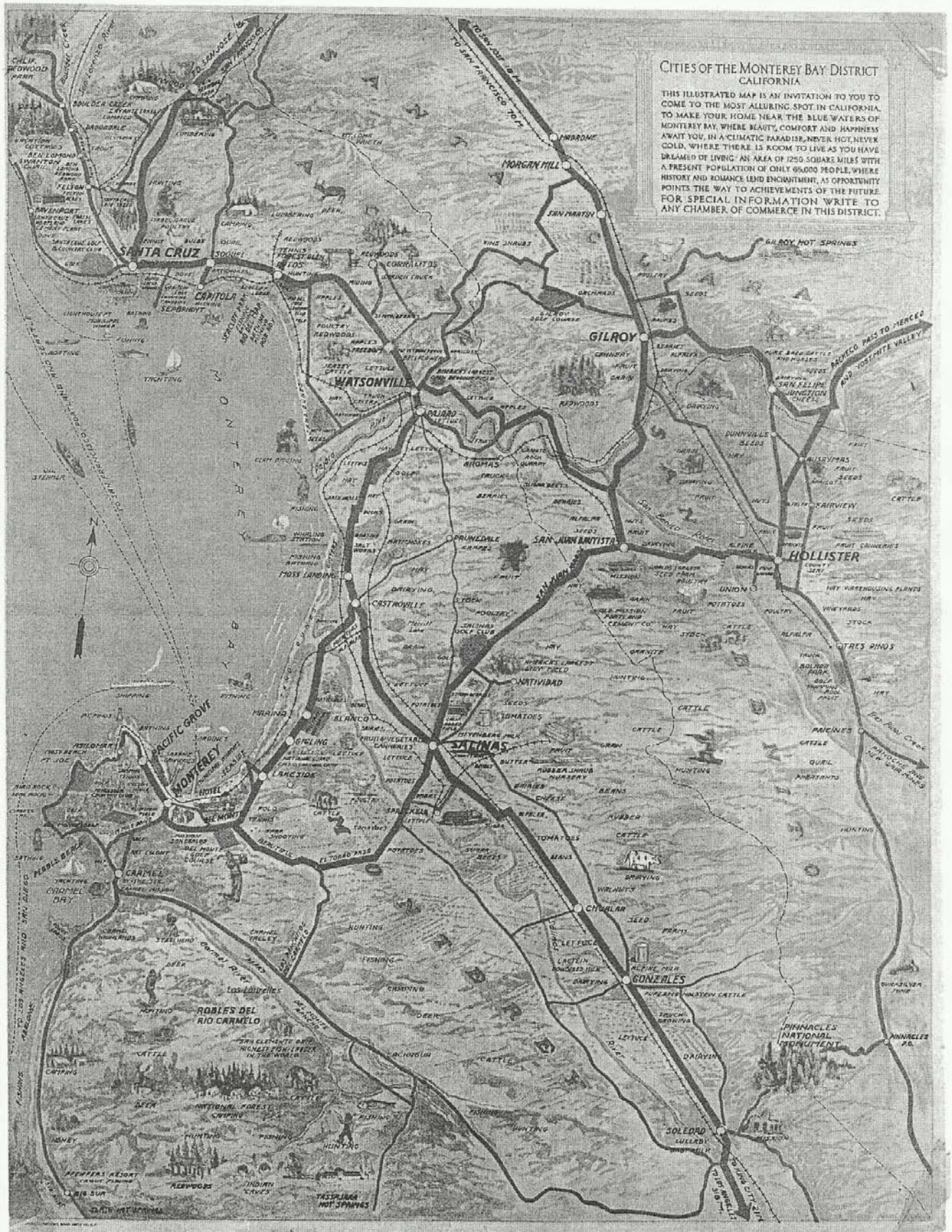


ARTHUR F. DIXON

To you who answered the call of your country and served in its Armed Forces to bring about the total defeat of the enemy, I extend the heartfelt thanks of a grateful Nation. As one of the Nation's finest, you undertook the most severe task one can be called upon to perform. Because you demonstrated the fortitude, resourcefulness and calm judgment necessary to carry out that task, we now look to you for leadership and example in further exalting our country in peace.

Harry Truman

THE WHITE HOUSE



STANDARD FORM 57
REVISED MAY 1954
U. S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

57-11

APPLICATION NO.	1. Kind of position applied for or name of examination MACHINIST		DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only				
	2. Option(s) (if mentioned in examination announcement)		<input type="checkbox"/> Appor. <input type="checkbox"/> Nonappor.		Material <input type="checkbox"/> Submitted <input type="checkbox"/> Returned		Entered Register:
	3. Place of employment applied for (city and State) GENTILE AIR FORCE BASE Ohio		Notations:		App. Review:		
	4. (First name) (Middle) (Maiden, if any) (Last) Mr. XXXX Arthur F. Dixon		Approved:		<input type="checkbox"/> 5 Points (Tent.) <input type="checkbox"/> 10 Point Comp. Dis. <input type="checkbox"/> Other 10 Point <input type="checkbox"/> Disal. <input type="checkbox"/> Being Investigated		
	5. Street and number or R. D. number 409 Cherokee Drive City or post office (including postal zone) and State Warner Robins, Ga.		Option	Grade	Earned Rating	Preference	Augm. Rating
	6. Place of birth City Versailles, Ohio						
	State or foreign country Ohio						
	7. Date of birth (month, day, year) February 5, 1919						
	8. <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female						
	9. Height without shoes 5 feet 11 inches Weight 170 pounds		10. <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single		Initials and Date		
11. Home phone Wa3-6703 Office phone Wa62214		12. Legal or voting residence (State) Georgia		13. If you have ever been employed by the Federal Government, indicate last grade 1-5-7 Dates of service in that grade From 6-1-61 To Present			
14. AVAILABILITY INFORMATION. A. Indicate the lowest salary you will accept \$ 4,200.00 per Year <i>You will not be considered for any position with a lower entrance salary.</i>							
B. If you are now a Federal employee, indicate the lowest grade you will accept							
C. Will you accept appointment for <input type="checkbox"/> 1 to 3 months? <input type="checkbox"/> 3 to 6 months? <input checked="" type="checkbox"/> 6 to 12 months? <i>Acceptance or refusal of a short-term appointment will not affect your consideration for another appointment.</i>							
D. Are you willing to travel <input checked="" type="checkbox"/> Occasionally? <input type="checkbox"/> Frequently? <input type="checkbox"/> Constantly?							
E. Will you accept appointment <input type="checkbox"/> In Washington, D. C.? <input type="checkbox"/> Anywhere in United States? <input type="checkbox"/> Outside U. S.?							
F. If you will accept appointment only in certain locations, list them: Gentile Air Force Base and Vicinity							
15. VETERAN PREFERENCE. A. If you claim 5-point preference based on wartime military service, indicate:							
Date(s) of entry into active service July 31, 1941		Date(s) of separation Dec. 15, 1945		Branch of service (Army, Navy, Air Force, etc.) Ar my		Serial number. If none, give grade rating at separation 35 127 813	
B. Do you claim 5-point preference as a peacetime campaign veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No							
C. Do you claim 10-point preference? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
D. Have you ever been granted 10-point veteran preference or 5-point preference as a peacetime campaign veteran by the U. S. Civil Service Commission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If so, indicate below the office which granted this preference to you. Attach your notice of preference allowance if available. It will be returned to you.							
Name of U. S. Civil Service Commission office or name of Board of U. S. Civil Service Examiners				Address of Commission office or Board of Examiners			
				City			
				State			
THIS SPACE FOR USE OF APPOINTING OFFICER ONLY. The information contained in answer to question 15A has been verified with the discharge certificate, which shows that the separation was under honorable conditions.							

Arthur F. Dixon Feb. 5, 1919 Machinist

FULL NAME		PRESENT BUSINESS OR HOME ADDRESS Give complete current address	BUSINESS OR OCCUPATION
1. Michael Willman		R. R. # 1, Greenville, Ohio	Schoolteacher
2. Williard Newbauer		R. R. Palestine, Ohio	Mechanic
3. Dale Johnson		R.R. #4, Greenville, Ohio	Service Sta. Owner

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
22. (a) Are you a citizen of the United States of America, or (b) as a native of American Samoa do you owe allegiance to the United States of America?	X		28. May inquiry be made of your present employer regarding your character, qualifications, etc?	X	
23. Are you now, or have you ever been, a member of the Communist Party, U. S. A., or any Communist organization?	X		29. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension or other compensation for military or naval service? If your answer is "Yes," give details in Item 34.	X	
24. Are you now, or have you ever been, a member of a Fascist organization?	X		30. Are you an official or employee of any State, Territory, county, or municipality? If your answer is "Yes," give details in Item 34.		X
25. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, Fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?	X		31. Have you ever been barred by the U. S. Civil Service Commission from taking examinations or accepting civil-service appointments? If your answer is "Yes," give dates of and reasons for such debarment in Item 34.		X
If your answer to question 23, 24, or 25 above is "Yes," state on a separate sheet to be attached to and made a part of this application the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See instruction sheet)			32. A. Have you ever been discharged from employment because: (1) Your conduct was not satisfactory? (2) Your work was not satisfactory? B. Have you ever resigned after official notification that: (1) Your conduct was not satisfactory? (2) Your work was not satisfactory? C. Have you ever been discharged from the Armed Services under other than honorable conditions? If your answer to A, B, or C is "Yes," give details in Item 34 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.	X	
26. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months? If your answer is "Yes," give in Item 34 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed; and (5) kind of appointment.	X		33. Have you ever been arrested, charged, or held by Federal, State, or other law-enforcement authorities for any violation of any Federal law, State law, county or municipal law, regulation or ordinance? Do not include anything that happened before your 16th birthday. Do not include traffic violations for which a fine of \$25 or less was imposed. All other charges must be included even if they were dismissed. If your answer is "Yes," give in Item 34 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.		X
27. A. Have you any physical handicap, chronic disease, or other disability? B. Have you ever had a nervous breakdown? C. Have you ever had tuberculosis? If your answer to A, B, or C is "Yes," give details in Item 34.		X			

34. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.	
Item No.	Item No.
26 Kathryn P. Dixon- Wife 409 Cherokee Dr. Warner Robins, Ga. Stock Control Clerk Robins AFB, Ga. <i>Directorate of Supply</i> <i>Career appointment</i>	19 New Guinea, Phillipines, Korea 29 10% Service - connected Disability

If more space is required, use paper the same size as this page. Write on each sheet your name, date of birth, and examination title. Attach to inside of this application.

ATTENTION: If you are appointed, all facts you give will be subject to investigation including a check of your fingerprints. Before signing this application, go back over it to make sure you have answered all questions correctly and fully, so that your eligibility can be decided on the basis of all the facts. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for cancellation of your application or your dismissal after appointment and is punishable by law.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Date *Oct 23 - 61* Signature of applicant *Arthur F. Nixon*

4 Dates of employment (month, year) From May 19, 1958 To June 30, 1958		Exact title of your position Lift Driver (Fork)																																			
Salary or earnings Starting \$ 1.48 per hr Final \$ 1.48 per hr		Classification Grade (if in Federal service) WB-6																																			
Name and address of employer (firm, organization, etc.) U. S. Gov't, Robins AFB, Georgia		Place of employment City Robins AFB State Georgia																																			
		Kind of business or organization (manufacturing, accounting, insurance, etc.) Civil Service																																			
Reason for leaving Temporary Appointment		Name and title of immediate supervisor McKnight																																			
Description of work Drove Fork lift.																																					
If you need additional experience blocks, use supplemental sheets. SEE INSTRUCTION SHEET.																																					
17. SPECIAL QUALIFICATIONS AND SKILLS.																																					
(A) Licenses and Certificates.—Indicate the kind of license or certificate and the State or other licensing authority which granted it; for example, pilot, teacher, electrician, lawyer, radio operator, C. P. A., etc. Kind of License _____ Licensing Authority _____ (B) List any special skills you possess and machines and equipment you can use, such as short-wave radio, multilith, comptometer, key-punch, turret lathe, scientific or professional devices. Grinders, Milling Machines, Lathes		(D) Give any special qualifications not covered elsewhere in your application, such as: (1) Your more important publications. (Do not submit copies unless requested) (2) Your patents or inventions. (3) Public speaking and public relations experience. (4) Membership in professional or scientific societies, etc. (5) Honors and fellowships received.																																			
(C) Approximate number of words per minute in: Typing _____ Shorthand _____																																					
18. EDUCATION.																																					
A. Give the highest elementary or high-school grade completed 8 If you completed high school, give date _____		B. Name and location of last high school attended: Concord Elementary School																																			
C. Name and location of college or university:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Dates attended</th> <th colspan="2">Years completed</th> <th colspan="2">Credit hours</th> <th rowspan="2">Degrees received</th> </tr> <tr> <th>From</th> <th>To</th> <th>Day</th> <th>Night</th> <th>Semester or Quarter</th> <th></th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		Dates attended		Years completed		Credit hours		Degrees received	From	To	Day	Night	Semester or Quarter																						
Dates attended		Years completed		Credit hours		Degrees received																															
From	To	Day	Night	Semester or Quarter																																	
D. Chief undergraduate college subjects		E. Chief graduate college subjects																																			
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Semester or Quarter																																					
F. Other schools or training, such as trade, vocational, Armed Forces, or business. Give for each name and location of school, dates attended, subjects studied, certificates, and any other pertinent data:																																					
19. Have you lived or traveled in any foreign countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If answer is "Yes," give in Item 54 names of countries, dates, and length of time spent there and reason or purpose (military service, business, education, or vacation).																																					
20. Indicate your knowledge of foreign languages.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Reading</th> <th>Speaking</th> <th>Understanding</th> <th>Writing</th> </tr> <tr> <td>EXC. GOOD FAIR</td> <td>EXC. GOOD FAIR</td> <td>EXC. GOOD FAIR</td> <td>EXC. GOOD FAIR</td> </tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>		Reading	Speaking	Understanding	Writing	EXC. GOOD FAIR	EXC. GOOD FAIR	EXC. GOOD FAIR	EXC. GOOD FAIR																										
Reading	Speaking	Understanding	Writing																																		
EXC. GOOD FAIR	EXC. GOOD FAIR	EXC. GOOD FAIR	EXC. GOOD FAIR																																		

16. EXPERIENCE. (Start with your present position and work back)

① Dates of employment (month, year) From Nov. 3, 1958 To present time		Exact title of your position Whseman	
Salary or earnings Starting \$ 1.70 per hr Final \$ 2.00 per hr	Classification Grade (if in Federal service) W-6	Place of employment City Robins AFB State Georgia	Kind of business or organization (manufacturing, accounting, insurance, etc.) civil service
Name and address of employer (firm, organization, etc.) Robins AFB, Ga.		Name and title of immediate supervisor Myers O. D. Mize	
Reason for wanting to leave Wish to transfer back to Ohio (my original home)			
Description of work: Worked as Freight loader from 11-3-58 'til 7-3-61. Due to RIF now perform duties of Whseman and drive lift.			
② Dates of employment (month, year) From 7-10-58 To 11-3-58		Exact title of your position Carpenter	
Salary or earnings Starting \$ 1.50 per hr Final \$ 1.50 per hr.	Classification Grade (if in Federal service)	Place of employment City Warner Robins, Ga. State Ga.	Kind of business or organization (manufacturing, accounting, insurance, etc.) Remodeling houses
Name and address of employer (firm, organization, etc.) Cannon - Warner Robins Corp. Warner Robins, Ga.		Name and title of immediate supervisor Cannon	
Reason for leaving Was hired by Robins AFB			
Description of work: All phases of carpentering.			
③ Dates of employment (month, year) From Jan. 10, 58 To May 19, 58		Exact title of your position	
Salary or earnings Starting \$ per Final \$ per	Classification Grade (if in Federal service)	Place of employment City State	Kind of business or organization (manufacturing, accounting, insurance, etc.)
Name and address of employer (firm, organization, etc.)		Name and title of immediate supervisor	
Reason for leaving			
Description of work: During this period I was unemployed due to lay-off during the Recession in the winter of 1957.			

DATES OF EMPLOYMENT (month, year) FROM: Dec 15, '45 TO: April 46		EXACT TITLE OF YOUR POSITION Maintenance Man		CLASSIFICATION GRADE (if in Federal service)		SALARY OR EARNINGS: STARTING \$ app 1.10 PER HR FINAL \$ same PER	
PLACE OF EMPLOYMENT (city and State) Richmond, Ind.				NAME AND TITLE OF IMMEDIATE SUPERVISOR unknown			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Crosley, Corp.				PRESENT ADDRESS OF IMMEDIATE SUPERVISOR (if known) unknown			
KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) mfg. of Radios, refrigerators etc.				NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU none			
IF PART-TIME WORK, SHOW ESTIMATED AVERAGE NUMBER OF HOURS WORKED PER WEEK none		SHOW NUMBER OF MONTHS, IF ANY, ON EXTENDED LEAVE WITHOUT PAY none		REASON FOR LEAVING unable to hold full time job due to recurring attacks of malaria.			
DESCRIPTION OF YOUR WORK Helped maintain boilers, equipment etc.							

DATES OF EMPLOYMENT (month, year) FROM: July '41 TO: Dec '45		EXACT TITLE OF YOUR POSITION Serviceman		CLASSIFICATION GRADE (if in Federal service)		SALARY OR EARNINGS: STARTING \$ PER FINAL \$ PER	
PLACE OF EMPLOYMENT (city and State) U. S. Army				NAME AND TITLE OF IMMEDIATE SUPERVISOR			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)				PRESENT ADDRESS OF IMMEDIATE SUPERVISOR (if known)			
KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)				NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU			
IF PART-TIME WORK, SHOW ESTIMATED AVERAGE NUMBER OF HOURS WORKED PER WEEK		SHOW NUMBER OF MONTHS, IF ANY, ON EXTENDED LEAVE WITHOUT PAY		REASON FOR LEAVING Honorably Discharged			
DESCRIPTION OF WORK 3 months Inf. basic training 39 " Supply Clerk - 835 8 " Browning Automatic Rifleman - 746 (Overseas) 3 " Cook							

If more space is required, use additional copies of this form. Put your name and date of birth on each form.

6. EDUCATION (see instructions on other side): (a) Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Indicate satisfactory completion of: ☐ Elementary school ☒ Junior high school ☐ Senior high school

(b) NAME AND LOCATION OF COLLEGE OR UNIVERSITY	MAJOR OR SPECIALTY	DATES ATTENDED		YEARS COMPLETED		DEGREES RECEIVED		SEMESTER HOURS CREDIT
		FROM	TO	DAY	NIGHT	TITLE	DATE	

(c) Other training, such as vocational, business, study courses given through Armed Forces Institute, or "in-service training" in public or private employment:

NAME AND LOCATION OF SCHOOL	SUBJECTS STUDIED	DATES ATTENDED		YEARS COMPLETED	
		FROM	TO	DAY	NIGHT

(d) List any courses taken pertinent to the position for which you are being proposed (give semester-hours)

7. HAVE YOU FILED APPLICATIONS FOR ANY FEDERAL CIVIL SERVICE EXAMINATIONS SINCE MARCH 1945? ☐ YES ☐ NO IF SO, LIST THEM BELOW:

TITLE OF EXAMINATION	CITY IN WHICH EXAMINATION WAS HELD	MONTH AND YEAR	RATING

I CERTIFY that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this form is punishable by law (U. S. Code, Title 18, Section 1001.)

SIGNATURE OF APPLICANT _____

STANDARD FORM 58 OCTOBER 1949 PROMULGATED BY U. S. CIVIL SERVICE COMMISSION FEDERAL PERSONNEL MANUAL		EXPERIENCE AND QUALIFICATIONS SHEET (Supplementary)		1. DATE October 22, 1961	
INSTRUCTIONS. Be sure to read the purposes for which this form is used and the instructions below so that you will fill out correctly those items which are applicable in your case. 1. For use by an applicant when more space is required to complete the question on "Experience" on Standard Form 57. When used for this purpose, fill in Items 1 through 5 only. 2. For use by a Federal employee to keep current his qualifications record. When used for this purpose do not fill in Item 4. List only experience, education, or training (Items 5 and 6) which you acquired since the date of your last Standard Form 57 or 60 on file in the Personnel Office. 3. For use as a qualifications statement to accompany Standard Form 59, Request for Approval of Transfer, Reinstatement, or Position Change. When used for this purpose fill in all items. List all experience (including military) which is pertinent to the position for which you are being proposed. BE SURE TO SIGN THE FORM IN THE SPACE PROVIDED ON THE REVERSE				2. NAME (first, middle, maiden (if any), last) Arthur F. Dixon	
				3. DATE OF BIRTH Feb. 5, 1919	
				4. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR Machinist	
5. EXPERIENCE (start with most recent experience and work back)					
DATES OF EMPLOYMENT (month, year) FROM: Feb 28, '51 TO: Jan 10, '58		EXACT TITLE OF YOUR POSITION Machinist		CLASSIFICATION GRADE (if in Federal service)	
PLACE OF EMPLOYMENT (city and State) Greenville, Ohio		NAME AND TITLE OF IMMEDIATE SUPERVISOR J. W. Spratlen		SALARY OR EARNINGS: STARTING \$ 1.43 PER hr FINAL \$ 2.29 PER hr	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Sater Products Corporation		PRESENT ADDRESS OF IMMEDIATE SUPERVISOR (if known) Greenville, Ohio			
KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) Mfg. of automotive taps		NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU none			
IF PART-TIME WORK, SHOW ESTIMATED AVERAGE NUMBER OF HOURS WORKED PER WEEK		SHOW NUMBER OF MONTHS, IF ANY, ON EXTENDED LEAVE WITHOUT PAY none		REASON FOR LEAVING Was laid off due to lack of orders during Recession in winter of '57	
DESCRIPTION OF YOUR WORK Operated Grinders, milling machines, Lathes and worked in heat-treating room as necessary.					
DATES OF EMPLOYMENT (month, year) FROM: April '46 TO: Feb. 51		EXACT TITLE OF YOUR POSITION Trucker		CLASSIFICATION GRADE (if in Federal service)	
PLACE OF EMPLOYMENT (city and State) Greenville, Ohio		NAME AND TITLE OF IMMEDIATE SUPERVISOR Self-employed		SALARY OR EARNINGS: STARTING 4,000 PER yr FINAL Same PER	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Self - 1641 Wayne Ave Greenville, Ohio		PRESENT ADDRESS OF IMMEDIATE SUPERVISOR (if known)			
KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) Hauling		NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU none			
IF PART-TIME WORK, SHOW ESTIMATED AVERAGE NUMBER OF HOURS WORKED PER WEEK		SHOW NUMBER OF MONTHS, IF ANY, ON EXTENDED LEAVE WITHOUT PAY none		REASON FOR LEAVING Less demand for private hauling	
DESCRIPTION OF YOUR WORK Hauled grain from farms to elevators and storage bins. General hauling					

THIS IS YOUR LIFE ARTHUR FRANKLIN DIXON
Presented by Debra Dixon Hanson - 12 Mar 1978

In the beginning he was a farm boy laboring from dawn to dusk-in the corn field, the hay meadow, the truck patch and the barn-where rumor says that morning and night he crooned a certain tune to the cows, as he gently squeezed their udders. The tune-you guessed it-"You are my sunshine, my only sunshine", in the key of flat.

As he grew into manhood, industry beckoned and the farm boy went to the big city - Richmond, Ind. He got himself a job with the Crosley Corp. with good pay and short hours (much shorter than the farm at least).

But then one day he received a special letter saying, "Greetings from the President of the United States" - and our farm boy who had so recently become a part of the great industrial scene, on July 31, 1941, became a soldier in the Army of the United States.

He was sent to a far-a-way land called Georgia. There on a post named Camp Wheeler, under a scorching sun, plagued by buzzing gnats and stinging mosquitoes, he learned to march and to shoot and three months later was declared a seasoned infantryman.

There he also learned to eat strange foods - grits, okra, blackeyed peas and hog jowl. But he could really dig that Southern fried chicken and biscuits and that southern iced tea was a real thirst quencher after the burning heat.

And he learned something else - he learned about love. He fell for a cute five foot two, eyes of blue Georgia gal and it was love at first sight - and he ran and he ran and he ran - but she finally caught him.

Boot camp completed, he came to say good-bye and told her he was heading overseas. She cried and then he said "I'm only kidding. I'm just going to Ft. Benning, Ga. (100 miles away) and I'll be back every weekend".

And he was, bringing many varied and assorted G I's to help pay his gasoline bill. However, after several months of these weekly trips, she decided they might as well get married and save him all those trips. Besides, two could live as cheap as one. So accordingly, on Oct 27, 1942, they two become one.

Uncle Sam was now at war, victim of that infamous attack on Pearl Harbor. He was activating new military posts to train more young men for overseas duty. So PFC Arthur Franklin Dixon, serial number 35127813 was ordered as cadre to Ft. Ord, California. Consequently, he took his lovely young bride and sped (literally) in his 1940 Ford, across the plains and the deserts arriving in Salinas, California in August 1943. There he performed the duties of a Supply Sgt. requisitioning, receiving and issuing food for his new military unit. In his free time he took his bride, in his 1940 Ford, to places like Monterey, Pacific Grove, Carmel-By-The-Sea, Pebble Beach, the Redwoods, Oakland and that fabulous city of San Francisco - where they toured mysterious Chinatown, strolled along Fisherman's Wharf, dined at the Cathay House and rode on those ancient little cable cars,--but those happy times came to a sudden stop. For the soldier who had been busy in the outfit that trained other soliders for overseas duty, now became one of those ordered overseas, himself. He kissed his bride good-bye in June of 1944 and sailed away to really far away places.

He sent letters from Army Post Offices in New Guinea, the Philippine Islands and Korea as he, together with many, ~~and~~ many other G I's, sucessfully routed the Japanese Imperial Army and brought them to their knees in Aug 1945 - Eighteen months after he had left the United States.

Oh, Joy! Home to Ohio to be discharged - via Camp Atterbury, Ind. and he arrived there on 10 Dec 1945. His bride also arrived there on 10 Dec 1945.

What a reunion!! He received an honorable discharge from the Army of the United States on 15 Dec 1945 - after serving his country four years, four months and fifteen days.

But alas! and alack! Our soldier had unknowingly become a victim of Ann (the dreaded Anophles mosquito). So now our hero, turned civilian, was laid low with high fever and bone-quaking chills. So much so, he was unable to return to his old job with the Crosley Corp. Well, he couldn't work regularly because of the recurring malaria but he could build a house during the times he felt up to it - and build a house he did. Just a plain little house for two and then three and four and eventually five. For the years brought three additions to this original twosome.

During the time he was ill he did strive - gallantly - to work at odd jobs but this profited very little. Then Eureka! He bought a truck. It was a lumbering, elephant of a truck (International - 1937 vintage). His fortune was made. Grain elevators were crying for truckers and he worked night and day. His first ten days brought a check well over \$200.00 - and this in 1946 when most pay checks were still rather small. He was so successful, he even bought another truck - a sleek 1946 Ford model.

He not only hauled grain but he had a flour detail - unloading flour from the Pennsylvania and hauling it to the local bakery. He invited his relatives and friends to assist him - that is, if they were able to pick up hundred pound bags and toss them on the truck. His friends began gradually to avoid him - especially when it was flour unloading time - but his relatives were true blue and stuck to the end - one in particular by name of Grumrine!

Good things often come to an end and so did trucking. After several years truckers became less and less in demand as farmers bought their own trucks. So our hero, turned civilian, had to make the decision to return to the

industrial scene. Accordingly, he allowed Sater Products (a subsidiary of Detroit Tap & Tool) to utilize his services. From 1951 until 1957 he faithfully put in his time there each day on the mills and lathes, grinding taps for the auto industry.

Then came the recession in the fall of 1957. The steel mills turned off their furnaces and Sater no longer had steel for taps - so our hero, turned civilian, was laid off. After a restless winter, he decided the South was the answer to the unemployment problem - and forthwith moved his family to Warner Robins, Ga. in April 1958.

The U. S. Air Force came to the rescue and put him to work in their Air Freight Terminal. Names like Braniff, Delta, Eastern and American became common place names to him as he loaded boxes, packages and crates from the warehouse conveyor lines into the bellies of these waiting aircraft.

But the young man who had tossed around hundred/ pound bags of flour wasn't quite so young any more - and loading and unloading aircraft began to become a chore and besides he longed to return to the machine shop scene. So he cast his eyes toward other pastures - and being kinda homesick for that Buckeye State began to look for employment there.

Again, fortune smiled! Uncle Sam had decided to activate an Air Force Group in the wilds of eastern Ohio. Would you believe it? He took his vacation, flew to Ohio (by Ford, that is) and in one day's time landed a job with the new Air Force Station.

His reporting date was less than a month away. So he flew back to Georgia (by Ford) packed up his family, his belongings, rented his property - flew and again, by Ford - back to Ohio. This was July 1962, and the place was the Newark Air Force Station, Heath, Ohio.

Well, our story is almost ended. For there our hero turned civilian, remained for 15 years. Just as names like Braniff, Eastern, American and

stages, to repair, to test and to inspect component parts of enertial guidance and navagational systems which keep our 20th century missiles on course and help to keep America free.

In 1977, our hero could no longer withstand the pressure of the exactness and preciseness that his job required. It was determined that Ann (that dreaded mosquito) had left her mark. The extremely high fever suffered eariler over such a long period of time had severely damaged his nervous system and was becoming more and more apparent as time passed. The precision measurement needed for the job he was doing - from five to twenty-five millionth of an inch - he could no longer tolerate.

So in Nov 1977, Uncle Sam said, "Well done" to our hero who had served his country, not only military wise, but also as a civil servant and sent him home to enjoy a long life of retirement.

No. 05413 - ARMY OF THE UNITED STATES

HONORABLE DISCHARGE FROM THE ARMY OF THE UNITED STATES

Certified Copy



This is to certify that ARTHUR F DIXON 35 127 813 Private First Class

Company K 1st Infantry Regiment

ARMY OF THE UNITED STATES

is hereby Honorably Discharged from the military service of the United States of America.

This certificate is recorded as a testimonial of Honor and Faithful Service in this country.

Given at Separation Center

R E Frieselle

At Atterbury Indiana

R E PRIZZELL

Date 15 December 1945

MAJOR INF

ENLISTED RECORD AND REPORT OF SEPARATION

15 14 25 Joh

HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL Dixon Arthur F	2. ARMY SERIAL NO. 35 127 813	3. GRADE Pfc	4. ARM OR SERVICE Inf	5. COMPONENT AUS
6. ORGANIZATION Co K 1st Inf Regt	7. DATE OF SEPARATION 15 Dec 45	8. PLACE OF SEPARATION Sep Cen Camp Atterbury Ind		
9. PERMANENT ADDRESS FOR MAILING PURPOSES New Madison Ohio		10. DATE OF BIRTH 5 Feb 1919	11. PLACE OF BIRTH Versailles Ohio	
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT See 9		13. COLOR EYES Brown	14. COLOR HAIR Black	15. HEIGHT 5'4"
16. RACE White	17. MARITAL STATUS Single	18. WEIGHT 158	19. NO. DEPEND. 1	20. U.S. CITIZEN Yes
21. CIVILIAN OCCUPATION AND NO. Painter Helper 9 64 21				

MILITARY HISTORY

22. DATE OF INDUCTION 31 Jul 41	23. DATE OF ENLISTMENT 31 Jul 41	24. DATE OF ENTRY INTO ACTIVE SERVICE 31 Jul 41	25. PLACE OF ENTRY INTO SERVICE Fort Thomas Ky
26. SELECTIVE SERVICE DATA A	27. LOCAL S.S. BOARD NO. 2	28. COUNTY AND STATE Darke Ohio	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE See 9
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. Supply Clerk 835		31. MILITARY QUALIFICATION AND DATE (I.e., Infantry, Aviation and Airborne, etc.) Combat Infantryman Badge	

22. BATTLES AND CAMPAIGNS

New Guinea; Luzon

23. DECORATIONS AND CITATIONS American Defense; American Theater; Asiatic Pacific Theater w/2 Bronze Stars; Philippine Liberation; Good Conduct Ribbon; World War II Victory Medal

24. WOUNDS RECEIVED IN ACTION

None

25. LATEST IMMUNIZATION DATES

SMALLPOX	TYPHOID	TETANUS	OTHER (specify)
Nov 45	Nov 45	Feb 43	Nov 45 Flu

26. TOTAL LENGTH OF SERVICE

CONTINENTAL SERVICE 2 YEARS 10 MONTHS 1 DAY

FORTY-SIX SERVICE 1 YEAR 6 MONTHS 6 DAYS

Pfc

27. PRIOR SERVICE

None

28. REASON AND AUTHORITY FOR SEPARATION

Ar 615-365 RRI-1 Demobilization 15 Dec 1944 Convn of Govt

29. SERVICE SCHOOLS ATTENDED

None

30. EDUCATION (Years)

Elementary High School College

31. PAY DATA

17552

44. LONGEVITY FOR PAY PURPOSES 4 YEARS 4 MONTHS 1 DAY

45. MUSTERING OUT PAY TOTAL 183.00

46. SOLDIER'S DEPOSIT None

47. TRAVEL PAY 6.35

48. TOTAL AMOUNT, NAME OF DISBURSING OFFICER 209.32 B B CALLAWAY LT COL FO

32. INSURANCE NOTICE

39. EFFECTIVE DATE OF ALLOC. 31 Dec 45

40. DATE OF NEXT PREMIUM DUE (One month after 50) 31 Jan 46

41. PREMIUM DUE EACH MONTH 6.70

42. INTENTION OF VETERAN TO Continue Continue Only Discontinue

33. REMARKS (This space for completion of items or entry of other items specified in W. D. Directives)

No days lost under AW 107 APPLICATION FOR

Lapel Button Issued READJUSTMENT ALLOWANCE

ASR 2 Sep 45 76 PUBLIC LAW #346

MADE THROUGH Ohio

STATE DATE 2-1-46

43. SIGNATURE OF PERSON BEING SEPARATED Arthur F Dixon

44. PERSONNEL OFFICE (Type name, grade and organization - signature) L. M. REDDING 1st Lt AC L. M. Redding

WD AGO FORM 23, 25 1 November 1944

MILITARY EDUCATION

14. NAME OR TYPE OF SCHOOL—COURSE OR CURRICULUM—DURATION—DESCRIPTION

CIVILIAN EDUCATION

15. HIGHEST GRADE COMPLETED 8	16. DEGREES OR DIPLOMAS	17. YEAR LEFT SCHOOL 1936	OTHER TRAINING OR SCHOOLING	
18. NAME AND ADDRESS OF LAST SCHOOL ATTENDED Darke County, Ohio			20. COURSE—NAME AND ADDRESS OF SCHOOL—DATE	21. DURATION
19. MAJOR COURSES OF STUDY				

CIVILIAN OCCUPATIONS

22. TITLE—NAME AND ADDRESS OF EMPLOYER—INCLUSIVE DATES—DESCRIPTION

PAINTER, HELPER: Employed by CROSBY CORP., Richmond, Indiana 1941.
Painted interior and exterior of factory buildings. Used hand brush
mixed own paint. Used extension ladders.

ADDITIONAL INFORMATION

23. REMARKS

24. SIGNATURE OF PERSON BEING SEPARATED

Arthur F. Wilson

25. SIGNATURE OF SEPARATION CLASSIFICATION OFFICER

K. W. Crook

26. NAME OF OFFICER (Typed or Stamped)

K. W. CROOK, 1st Lt. AC



SEPARATION QUALIFICATION RECORD

SAVE THIS FORM. IT WILL NOT BE REPLACED IF LOST

This record of job assignments and special training received in the Army is furnished to the soldier when he leaves the service. In its preparation, information is taken from available Army records and supplemented by personal interview. The information about civilian education and work experience is based on the individual's own statements. The veteran may present this document to former employers, prospective employers, representatives of schools or colleges, or use it in any other way that may prove beneficial to him.

1. LAST NAME—FIRST NAME—MIDDLE INITIAL

DIXON ARTHUR F 35 127 813 PFC

2. ARMY SERIAL No.

RFD 2

3. GRADE

AST F W

4. SOCIAL SECURITY No.

5-7 12-9A

NEW MADISON OHIO

5. PERMANENT MAILING ADDRESS (Street, City, County, State)

Darke Co.

6. DATE OF ENTRY INTO ACTIVE SERVICE

31 July 41

7. DATE OF SEPARATION

15 Dec 45

8. DATE OF BIRTH

6 Feb 1919

9. PLACE OF SEPARATION

Camp Atterbury, Indiana

MILITARY OCCUPATIONAL ASSIGNMENTS

10. MONTHS	11. GRADE	12. MILITARY OCCUPATIONAL SPECIALTY
3	Pvt.	Inf basic training 521
39	Pfc.	Supply clerk 835
6	Pfc.	Browning automatic rifle man 746
3	Pfc.	Cook 060

SUMMARY OF MILITARY OCCUPATIONS

13. TITLE—DESCRIPTION—RELATED CIVILIAN OCCUPATION

SUPPLY CLERK: Requisitioned and issued rifles and ammunition to an Army replacement regiment. Kept inventory. Also handled rations. Requisitioned and issued rations to battalions.

INFORMATION FROM THE HOSPITAL ADMISSION CARDS CREATED 02/10/2011
 BY THE OFFICE OF THE SURGEON GENERAL, DEPARTMENT OF
 THE ARMY (1942-1945) AND (1950-1954)
 INFORMATION FOR THE YEAR 1945

SERVICE NUMBER: 35127813

CATEGORY:	CODE:	EXPLANATION:
RANK:	2	Enlisted Man (includes Aviation Cadet or Student)
AGE:	26	26
RACE:	1	White (includes Mexican)
YEARS OF SVC:	7	3-5 yr.
ARM OF SERVICE:	30	Infantry, General or Unspecified
AAF STATUS:	0	Neither assigned nor attached to AAF (includes all unassigned, and all Arm or Service known with no mention of AAF)
ADMISSION STATION:	-8	Southwest Pacific
ADMISSION DD/M/Y:	06 4 5	06 April 1945
LAST TREAT FACILITY:	3	Portable Surgical, Evacuation, or T/O Convalescent Hospital
SPECIAL CLASS:	0	None
TYPE OF CASE:	1	Disease
TYPE OF ADMISSION:	0	New, not EPTS (did not Exist Prior To entry on active military Service)
FIRST DIAGNOSIS:	7425	Gastro-enteritis
LOCATION:	-	Not Found
OPERATION:	-	Not Found
SECOND DIAGNOSIS:	-	Not Found
LOCATION:	-	Not Found
OPERATION:	-	Not Found
THIRD DIAGNOSIS:	-	Not Found
CAUSATIVE AGENT:	-	Not Found
CIRCUMSTANCES:	-	Not a traumatism
FINAL RESULT:	-	Not Found
NON-EFFECTIVE DAYS		
Total Days:	017	017
Overseas Days:	017	017
TYPE OF DISPOSITION:	6	Duty (includes AWOL)
FIELD OF CAUSE OF		
DEATH OR DISCHARGE:	-	Not Found
DISPOSITION MO/YR:	4 5	April 1945
HOSP DAYS	017	017
UNIT NUMBER:	001	001
SAMPLE SIZE:	2	20%

Source: This information was obtained from the Hospital Admission Card data files (1942-1945; 1950-1954), created by the Office of the Surgeon General, Department of the Army. During 1988, this secondary source material was made available to the National Personnel Records Center by the National Research Council, a current custodian of the data file. The file was originally compiled for statistical purposes; therefore, name identification does not exist and sampling techniques were used with the result that not all hospital admissions are included. Veterans on the file are identified by service number and other data related to hospital admission.

INFORMATION FROM THE HOSPITAL ADMISSION CARDS CREATED 02/10/2011
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 THE ARMY (1942-1945) AND (1950-1954)
 INFORMATION FOR THE YEAR 1945

SERVICE NUMBER: 35127813

CATEGORY:	CODE:	EXPLANATION:
RANK:	2	Enlisted Man (includes Aviation Cadet or Student)
AGE:	26	26
RACE:	1	White (includes Mexican)
YEARS OF SVC:	5	1-2 yr.
ARM OF SERVICE:	30	Infantry, General or Unspecified
AAF STATUS:	0	Neither assigned nor attached to AAF (includes all unassigned, and all Arm or Service known with no mention of AAF)
ADMISSION STATION:	-8	Southwest Pacific
ADMISSION DD/M/Y:	18 5 5	18 May 1945
LAST TREAT FACILITY:	3	Portable Surgical, Evacuation, or T/O Convalescent Hospital
SPECIAL CLASS:	0	None
TYPE OF CASE:	1	Disease
TYPE OF ADMISSION:	0	New, not EPTS (did not Exist Prior To entry on active military Service)
FIRST DIAGNOSIS:	9950	Observation for disease, no disease found
LOCATION:	-	Not Found
OPERATION:	-	Not Found
SECOND DIAGNOSIS:	-	Not Found
LOCATION:	-	Not Found
OPERATION:	-	Not Found
THIRD DIAGNOSIS:	-	Not Found
CAUSATIVE AGENT:	-	Not Found
CIRCUMSTANCES:	-	Not a traumatism
FINAL RESULT:	-	Not Found
NON-EFFECTIVE DAYS		
Total Days:	017	017
Overseas Days:	017	017
TYPE OF DISPOSITION:	6	Duty (includes AWOL)
FIELD OF CAUSE OF		
DEATH OR DISCHARGE:	-	Not Found
DISPOSITION MO/YR:	5 5	May 1945
HOSP DAYS	017	017
UNIT NUMBER:	001	001
SAMPLE SIZE:	2	20%

Source: This information was obtained from the Hospital Admission Card data files (1942-1945; 1950-1954), created by the Office of the Surgeon General, Department of the Army. During 1988, this secondary source material was made available to the National Personnel Records Center by the National Research Council, a current custodian of the data file. The file was originally compiled for statistical purposes; therefore, name identification does not exist and sampling techniques were used with the result that not all hospital admissions are included. Veterans on the file are identified by service number and other data related to hospital admission.

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 BY THE OFFICE OF THE SURGEON GENERAL, DEPARTMENT OF
 THE ARMY (1942-1945) AND (1950-1954)
 INFORMATION FOR THE YEAR 1945

SERVICE NUMBER: 35127813

CATEGORY:	CODE:	EXPLANATION:
RANK:	2	Enlisted Man (includes Aviation Cadet or Student)
AGE:	26	26
RACE:	1	White (includes Mexican)
YEARS OF SVC:	7	3-5 yr.
ARM OF SERVICE:	30	Infantry, General or Unspecified
AAF STATUS:	0	Neither assigned nor attached to AAF (includes all unassigned, and all Arm or Service known with no mention of AAF)
ADMISSION STATION:	-8	Southwest Pacific
ADMISSION DD/M/Y:	10 7 5	10 July 1945
LAST TREAT FACILITY:	2	Aid Station, Clearing or Collecting Station, Dispensary
SPECIAL CLASS:	0	None
TYPE OF CASE:	1	Disease
TYPE OF ADMISSION:	0	New, not EPTS (did not Exist Prior To entry on active military Service)
FIRST DIAGNOSIS:	1332	Dengue
LOCATION:	-	Not Found
OPERATION:	-	Not Found
SECOND DIAGNOSIS:	-	Not Found
LOCATION:	-	Not Found
OPERATION:	-	Not Found
THIRD DIAGNOSIS:	-	Not Found
CAUSATIVE AGENT:	-	Not Found
CIRCUMSTANCES:	-	Not a traumatism
FINAL RESULT:	-	Not Found
NON-EFFECTIVE DAYS		
Total Days:	008	008
Overseas Days:	008	008
TYPE OF DISPOSITION:	6	Duty (includes AWOL)
FIELD OF CAUSE OF		
DEATH OR DISCHARGE:	-	Not Found
DISPOSITION MO/YR:	7 5	July 1945
HOSP DAYS	000	Carded for Record Only
UNIT NUMBER:	001	001
SAMPLE SIZE:	2	20%

Source: This information was obtained from the Hospital Admission Card data files (1942-1945; 1950-1954), created by the Office of the Surgeon General, Department of the Army. During 1988, this secondary source material was made available to the National Personnel Records Center by the National Research Council, a current custodian of the data file. The file was originally compiled for statistical purposes; therefore, name identification does not exist and sampling techniques were used with the result that not all hospital admissions are included. Veterans on the file are identified by service number and other data related to hospital admission.